Developments in South London and Maudsley NHS Foundation Trust (SLaM)

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Overview

- Context
- Frequent attenders at Psychiatric Liaison
- CQUIN – Commissioning for Quality and Innovation
- Improving the quality of assessments

Context

- SLaM provides mental health services in Lambeth, Southwark, Lewisham, Croydon
  - Population over 1.2 million
  - More than 230 services - 4 hospital sites, community teams, residential facilities, outpatient clinics
  - 4500 staff

- Substance misuse services in collaboration with partners in Lambeth, Southwark, Greenwich, Bexley, Wandsworth
  - Lewisham: Crime Reduction Initiative
  - Croydon: Turning Point
  - Southwark: Lifeline from Jan 2016

- Specialist/national services eg mother & baby, eating disorders

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Frequent attenders

- One year pilot of a dual diagnosis post in one Psych Liaison team - Lewisham
- Initiated by mental health commissioner
  - bid winter pressures money
- Further developed by key personnel: commissioners, psych liaison, substance misuse, consultant nurse dual diagnosis
- Become part of Crisis Concordat work
- Creativity/flexibility with money

Frequent Attenders: Background

- FAs to A&E/Psych liaison with mental health and substance use issues identified as ‘challenge’
- Likely to be ‘high cost’
- Services not working effectively to meet the needs of this group
  - frequent attendances
  - not engaging in other services/pathways

Other work on frequent attenders

- Alcohol frequent attenders
  - Health Innovation Network – HIN South London
  - Collaboration for Leadership in Applied Health Research and Care South London – CLAHRC
  - Our Healthier South East London - OHSEL

  - Pilot post: Southwark – King's College Hospital A&E
  - Assertive Outreach research project
  - Salford project – Assertive Outreach

- Psych Liaison frequent attenders – embryonic initiatives

Key questions

- Who are the frequent attenders?
  - data available, not being exploited
- Why do they keep re-presenting?
  - individual/personal circumstances/issues
  - service issues
- What can be done to improve the care/treatment of this group and help them engage with ‘appropriate’ services
- What is the criterion for a frequent attender?

Using data to develop insight

- Sources: A&E (University Hospital Lewisham), Psych Liaison (SLaM), Substance misuse service (CRI)

- Overview of the FAs presenting with mental health and substance misuse issues
  - Initially took Lewisham A&E criterion 14+/year (n=26)
  - Following discussion with commissioners 5+/year (n=150?)

- Drilling down to look in depth at the top 20 FAs
  - post holders clinical/developmental work will focus on this group

Data

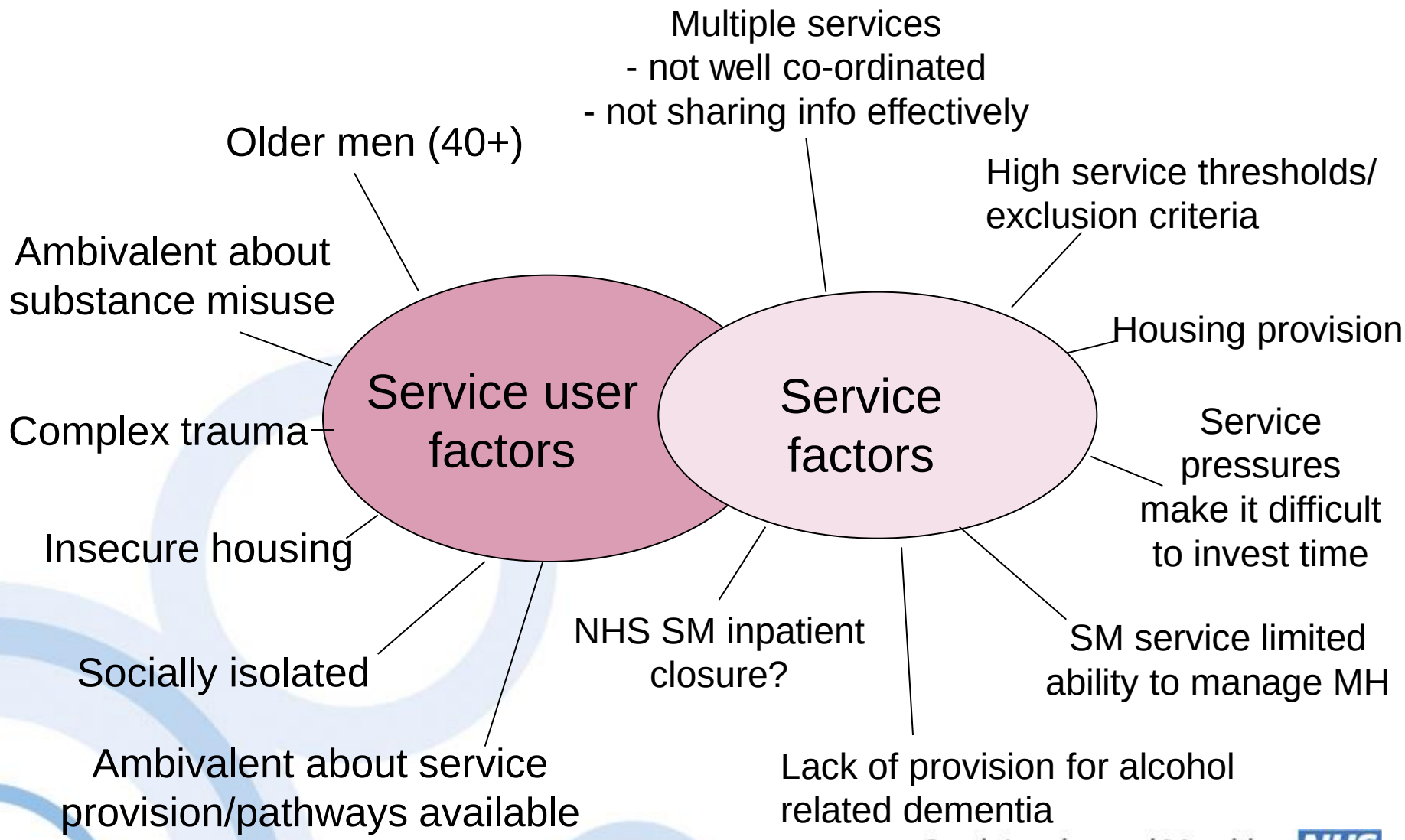
- Demographics – gender, age, ethnicity, postcode/locality
- Number of presentations
- Number and length of admissions (general or mental health)
- Mental health issues/diagnosis
- Substances used (number, type)
- Past and current contact with mental health services
- Past and current contact with substance misuse services

- For top 20 more in-depth data for each presentation eg time of presentation, length of time between presentations, ‘disposal’, contact/engagement with SM, contact/engagement with MH, psych diagnoses, other services involved

Preliminary findings

- Male > female
- Peak age group 41-50
- Main MH diagnosis – mental and behavioural disorder due to substance misuse (alcohol)
- 77% contact with substance misuse service, 73% in past year
- Over 90% had psychiatric admission, nearly 60% in past year
- 10%+ died in past year

Emerging themes



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Moving forward

- Promoting information sharing between agencies
  - services - individual service users

- Weekly meetings A&E, Psych Liaison, SM hospital team

- For top 20 FAs
  - engagement, review, 'handholding' into services
  - co-ordination of multi-professional meetings & development of shared care plans (some difficulties holding to account)
  - exploration of alternatives to A&E presentation

- Development of peer support/volunteer involvement
  - peer support workers based in A&E (Certitude – 3rd sector)
  - learning from alcohol FA project at King's

- Further funding

CQUIN – Commissioning for Quality & Innovation

- Financial incentive to enhance quality of care
- Lewisham commissioner wanted dual diagnosis CQUIN
- Developed in collaboration with consultant nurse dual diagnosis and SLaM contracts team
- Builds on work already in progress and nudges forward
- Key that it drives up quality without becoming a tick box exercise

CQUIN

- 80% teams to have a dual diagnosis lead/link worker
- 80% leads to have completed level 2 DD training
- Leads to attend development days/network meetings
- 75% leads to have development objectives for team
- 50% leads to have met with substance misuse service providers
- Audit of Trust policy standards with view to developing action plan to further drive up standards

CQUIN progress and impetus

- On target to achieve
- Teams/services that previously didn't have lead now have one (including CAMHS and older adults)
- Teams that had inactive leads identifying new ones
- Provided stimulus for SLaM Quality Priority/Indicator
- Promoted closer working between mental health and substance misuse commissioners
- Promote closer working between SLaM and substance misuse provider

Trust quality indicator

- Influenced by Lewisham CQUIN – improve frequency of substance misuse assessments

- Audits suggest that 70%+ people asked about alcohol and drug use but this is not always done in a robust way or recorded in the ‘right’ part of the assessment documentation

- Taking most recent data as baseline identified 50% target
  - completion of AUDIT and drug and alcohol assessment
  - negotiated with services, seen as realistic: aim for year on year improvements and not a rush to tick boxes

Getting assessments done

- Trust DD policy – sets standards – links between policies
  - AUDIT
  - drug and alcohol assessment

- Promoting completion through format of electronic patient records
  - embedding drug and alcohol assessment within core assessment
  - format as user friendly as possible (with links to supporting information)
  - included in care pathway prompts (NB need to work on making clinically meaningful)

Getting assessments done

- Local joint working protocols for working with SM services require assessment info to be included in referrals (eg AUDIT/SADQ score)

- Produced one page summary guidance – as prompt

- Dual diagnosis leads:
  - raise awareness of requirements in teams
  - some team training
  - develop local systems for improvement eg embed in admission checklist
  - local audits/monitoring

- Senior managers/clinical leaders:
  - prompted to support

Improving quality of assessments

- Key that staff understand why it is important

- Training
  - core component in level 2 training (including skills practice)
  - team training
  - team supervision
  - modelling/shadowing by dual diagnosis specialists/leads

- One page summary guidance for practitioners – explanation of what is required

Alcohol and Drug Assessment

Alcohol and drug use can have a significant impact on a person's mental and physical health, and their social circumstances. It can contribute to a range of risks (eg violence, self-harm and suicide, poorer psychiatric outcomes, longer hospital admissions, homelessness, accidents, risk to children etc) and is often a key factor in serious incidents.

To maintain safety, and support people in their recovery, it is essential that substance use is a core aspect of our work with them. This begins with robust assessment.

Alcohol screening should be completed as part of the initial assessment for everyone aged 16 or older. This will usually be using AUDIT (Alcohol Use Disorders Identification Test).

AUDIT is comprised of 10 questions and asks about use over the past year. The score obtained:
- indicates the drinking risk category of the person (lower, increasing, higher, dependent)
- informs care planning by indicating the intervention appropriate to the person's score.

Location on Patient Journey: AUDIT can be found under the assessment tab. It is also embedded within the new integrated assessment.

Drug and alcohol assessment

To understand whether alcohol and/or drug use are having an impact on the person details about use are required.

Core information includes:

a) what substances the person is using (and/or has used), and for each the
   - frequency
   - quantity
   - route(s) of administration
   - whether the substance is being prescribed
   - duration of the current level of use
   - when the person last used.

b) details of all use over the last five days - this will provide an indication of whether the person is dependent, whether pharmacological interventions are required (for stabilisation or detox) and whether the person's current presentation might be related to their substance use.

c) gaining the person's view about whether s/he thinks use of substances is a problem. This will inform care planning (eg should a referral be made to specialist substance misuse services or is a harm reduction approach more appropriate).

All the information obtained should be used to inform risk assessment.

Location on Patient Journey: The drug and alcohol assessment can be found under the assessment tab. It is also embedded in the SAS and the integrated assessment.

For further information contact:
- Your team dual diagnosis lead
- Irene Muh (Irene.muh@slam.nhs.uk) or Cheryl Kipping (Cheryl.kipping@slam.nhs.uk)

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Improving quality of assessments: Assessment & Liaison team initiative

- Essential that front-line assessment is of high quality
- Employ highly skilled staff at front line (band 7 clinical posts)
- One team has 2 dedicated dual diagnosis posts – protected time
  - team training
  - joint sessions
  - expertise for consultation

Improving quality of assessments: Promoting Recovery team initiative

- Level 2 dual diagnosis course as whole team training
- Each worker has area of special interest with one day a week protected time: dual diagnosis
- Raising standards of DD within team
  - dual diagnosis focus in zoning meetings once a week
  - joint sessions for assessment and review
  - expertise for consultation
- Evaluation – knowledge, confidence, evidence in patient records

Questions/discussion