Beyond Liaison Psychiatry: Mental and Physical Health Collaboration for admission avoidance – a Prototype Model of Care

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Project Location: Royal Free Hospital; Triage and Rapid Early Assessment Team (TREAT) - an admission avoidance A&E based Consultant geriatrician led MDT for those over 80 years old.

Project Partners: Royal Free Hospital Foundation Trust – acute service. Camden & Islington NHS Foundation Trust – mental health Trust. Central & North West London NHS Foundation Trust (CNWL) – Provider of integrated community services to Camden.

Aims: To increase the impact (admission avoidance) of the Triage and Rapid Elderly Assessment Team (TREAT) at the Royal Free Hospital by improved recognition, documentation and management of pre-existing mental health diagnoses in patient's being referred, including delirium.

Project plan: To design and evaluate the impact of a prototype of embedded care between physical and mental health services for the older person presenting via A&E in Camden.

Method: To identify patients suitable for admission avoidance via use of a new community care pathway for complex delirium with support from direct mental health input into team at assessment supporting the decision (project lead), community Rapid response nursing and therapy support team provided by Central and North West London Trust (RAPIDS, CNWL) and Services for Aging and Mental Health Home Treatment Team provided by Camden & Islington NHS Foundation Trust (SAMH HTT (C&I).

It was agreed by the project lead and between the three Trusts that a 4 week trial would commence in March 2018 of an SPR Level Psychiatrist (project lead) working directly within the TREAT MDT on a daily basis, in a model of embedded care between mental and physical health care.

Purpose

To demonstrate how an alternative model of psychiatric care in the acute hospital setting can better serve our patient group.

Background: Integrated care models between physical and mental health services are being asked to address their unwarranted variation in care outcomes in novel ways (NHS 2014, Naylor 2016). Successful patient outcomes have been demonstrated at a number of NHS sites from embedding mental health staff in physical health teams (Naylor et al 2017). Current gold standard liaison mental health care to acute trusts is RAID or CORE 24 model with referral required and response time to A&E of one hour and acute wards of 24 hours.

Nationally it is estimated that two thirds of NHS beds are occupied by older people and up to 60 per cent have or will develop a mental disorder during their admission to hospital (NHS Confederation 2009). 30% of older patients presenting to A&E will have or will develop delirium (Vidal et al 2013). Patients with mental illness (including delirium) admitted to acute hospitals with physical illness have poor health outcomes (Naylor et al 2016).

Locally, 52% of the referrals to the Camden borough wide frailty MDT are for patients who have primary mental health problems (mental illness/dementia/substance misuse/delirium), 45% of those referrals come from the Royal Free Hospital. The average length of stay for a patient over 80 with delirium at the Royal Free is 15 days.

The effectiveness of liaison psychiatric services to address these needs has long been established (Aitken et al 2016) however a recent study found that 23% of those presenting to A&E with a mental health diagnosis would have benefited from a referral to mental health liaison services but did not receive one (Cross et al 2017). Further, a trial of a *pro*-active liaison service compared with the standard *re*-active service revealed benefits in terms of cost savings and length of inpatient stay can be further improved (Tadros 2013).

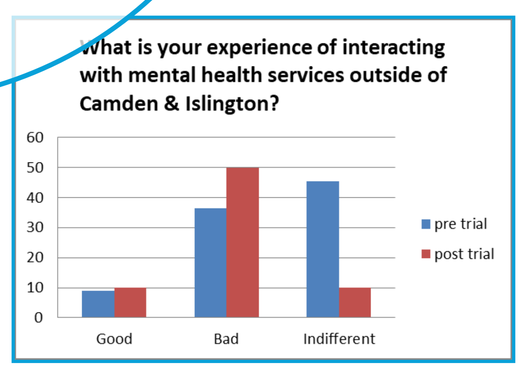
Results (4 weeks of data)

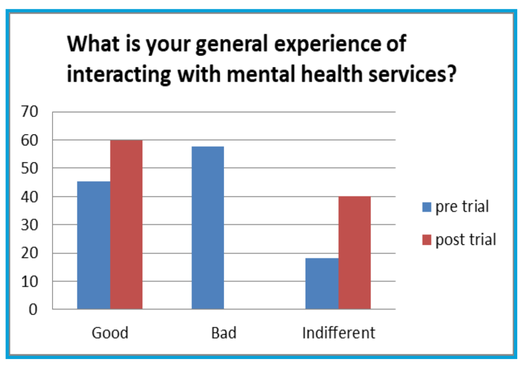
- No of patients accepted for treatment (potential admission avoidance) by Treat during trial period: 133
- Of those patients, number with any documented mental health diagnosis: 74 (56%)
- No. of patients with documented delirium at presentation: 34 (26%)
- No of individual patients having care reviewed by project lead during trial period: 57
- No. of TREAT patients with diagnosis delirium admitted to inpatient care: 11 (32%)
- No. of standard TREAT patients with delirium documented that avoided admission (discharge home within 24 hours): 23 (68%)
- Of those discharged, no. of complex delirium TREAT patients on new pathway and attributable to intervention: 3

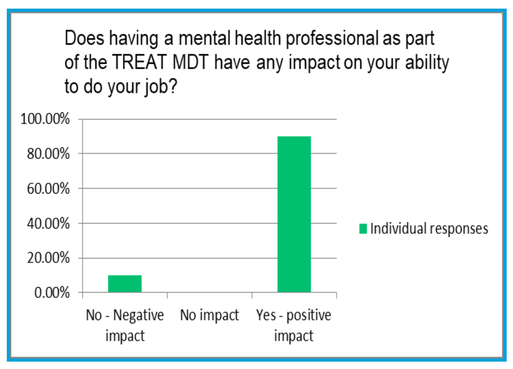
Costs

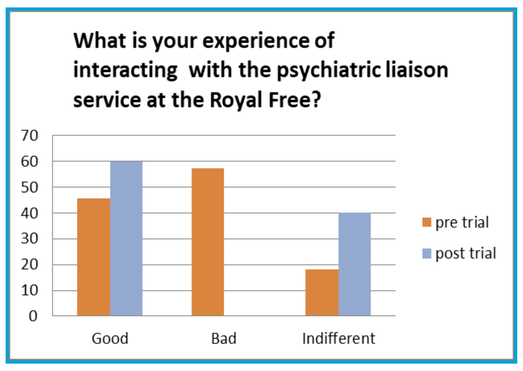
- Cost of average 15 day delirium admission to inpatient care: £4860 (RFH data)
- Cost of average 10 day community support pathway + A&E presentation: £2390

- Total cost savings from new admission avoidance (x3) attributable to project over 4 week trial: £9753
- Potential annual savings from integrated care for complex delirium: £117,036









Survey results pre and post intervention of TREAT team members. Respondents: 20. Response rate: 50%

Conclusions and preliminary outcomes: A 4 week trial of embedded mental health and physical health care for admission avoidance in the elderly was well received by staff and meant that three people who would otherwise have had potentially long and deleterious admissions to inpatient care were cared for successfully at home with a cost saving of £9753. By integration of care between community, secondary care and mental health services we can achieve better outcomes at lower cost for our patient group. The work we are already doing in this area can be extended to an increasing complexity of patients. This prototype provides evidence to inform commissioning decisions for future integrated care models.

As a result of this project a job re-design for the incoming psychiatry SPR to the Royal Free liaison team in August 2018 has been completed to enable them to have 2 sessions per week within the TREAT team and continue to develop this new model of care. The encouraging preliminary data is being used to inform the STP discussions around models of care for liaison services and delirium management pathways across the STP geographical footprint.

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