

Trust Board Meeting : Thursday 6 September 2012
 TB2012.84

Title	Business Case for the Establishment of an Integrated Psychological Medicine Service at the Oxford University Hospitals NHS Trust
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Status	A paper for information.
History	The business case has been approved by the Strategic Planning Committee.

Board Lead(s)	Mr Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1	<p>The establishment of a Psychological Medicine Team, working in partnership with the acute general medicine service will enable the medical and psychological needs of adult and especially elderly patients admitted to the Oxford University Hospitals NHS Trust (OUH) to be addressed synchronously. With increasing numbers of predominantly elderly patients admitted with multiple chronic illnesses coupled with psychiatric conditions especially delirium and dementia, there is a requirement for a step-change in the access that these patients have in the course of their admission, to clinical expertise which supports timely diagnosis and on-going management and also facilitates appropriate discharge. The on-site provision of a psychiatry team within the Trust linked with Trust psychology services and fully integrated with medical services will support this need, improve the quality of care and experience of patients, carers and family members.</p>
2	<p>Revenue investment of £198k will be required in 2012/13 with annual recurrent investment of £605k required in 2013/14 and each year thereafter. This development will enable the Trust to comply with a CQUIN goal which will enable this development to be funded by the Commissioners in 2012/13 and 2013/14. This funding is not presently recurrent.</p>
3	<p>This investment will enable qualitative improvements in the psychiatric care of patients admitted to the OUH and will align with the objectives of several national recommendations including the guidance of the Joint Commissioning panel for Mental Health, the National Dementia Strategy and the Oxfordshire Dementia Plan as well as Trust Strategic objectives.</p>
4	<p>Recommendations :</p> <p>The development of a new Psychological Medicine Team has been approved by the Strategic Planning Committee. The Business Case is to inform the Trust Board of the development of a new service which aligns with the strategic aims of the Trust. The Business Case is provided for information.</p>

Business Case for the Establishment of an Integrated Psychological Medicine Service at the OUH

Overview

1. Since the 1970's, there has been increasing awareness of the need to provide 'mental health' services to medical patients. This need was initially addressed by early liaison psychiatry services. These services provided by the mental health services provided outreach to acute medical hospitals. The services were focussed almost exclusively on assessing patients following deliberate self-harm and were largely nurse led. To meet increasing demand of referrals from the hospital wards, these services also started to provide a limited number of consultations for inpatients with obvious psychiatric illness. This is the model of care that has historically supported the OUH.
2. However, since the 1970s the demands on acute hospitals have changed. They now have to meet the needs of an increasingly elderly population with multiple chronic illnesses which are very frequently co-morbid with depression, delirium and dementia; psychiatric conditions that increase disability worsen medical outcomes and importantly increase length of inpatient stay and healthcare costs. It is recognised that older people currently occupy two thirds of UK general hospital beds and within this patient group, prevalence rates of up to 53% for depression, 35% for dementia and 61% for delirium have been reported.
3. For those older people with co-morbid mental illness, evidence suggests that a number of significant outcomes are poorer for many patient, carer and service related outcomes; including increased mortality, increased length of stay, increased rates of institutionalisation and persistent symptoms. For example, older people with co-morbid dementia, delirium or depression will on average spend 10 days more in hospital than those without these co-morbidities.
4. Surveys of consecutive admissions to acute general medicine and geratology by OUH physicians support this finding; OUH inpatients have high rates of dementia and delirium and these disorders are associated with increased length of stay. The findings from research conducted locally on patients aged 70 years and over and admitted as emergency admissions to AGM indicate that between 15 to 18% have known dementia and 25 to 30% have delirium. Also of note is the finding that 60% of this group have at least moderate cognitive impairment measured by the Mini-Mental State Examination (MMSE). The length of stay for this group of patients in the John Radcliffe is on average 25 days compared to that of 8 days for patients outwith this group.
5. The recent (November 2011) independent evaluation of intensive implementation of liaison psychiatry into acute medical services of City Hospital Birmingham (RAID service)(www.centreformentalhealth.org.uk/pdfs/economic_evaluation.pdf) reported that the introduction of the service saved the Trust between £3.5 and £9.5 million in the year money by reducing admissions from the Medical Assessment Unit, promote quicker discharge from hospital and achieving fewer re-admissions, resulting in reduced numbers of in-patient bed-days. Most of the savings came from the better management of elderly patients achieved by both direct intervention of the

service and better management by medical and nursing staff supported and trained by the service.

6. There is now an opportunity to develop a new and innovative Psychological Medicine service for Oxford that will address the needs of a modern general hospital. This new service would be 'state of the art' by being going beyond mere liaison from mental health services to medical services to full integration of psychiatry into medical teams; in the same organisation, with aligned management aims and targets. This new service model would provide truly integrated patient-centred care.

Strategic Context

7. The requirement for acute hospitals to deliver qualitative improvements in the treatment available to meet the needs of increasing numbers of patients with co-existing physical and mental health problems has been recognised through a number of initiatives at national and local level.
 - 7.1. The Joint Commissioning Panel for Mental Health Guidance for Commissioners of liaison mental health services for acute hospitals (February 2012)
 - 7.2. Living Well with Dementia – A National Dementia Strategy (February 2009)
 - 7.3. Oxfordshire Dementia Plan (March 2011)
 - 7.4. Oxfordshire's Joint Health and Well-Being Strategy 2012-2016
8. The Joint Commissioning Panel for Mental Health, Guidance for Commissioners of liaison mental health services to acute hospitals summarizes the need for better recognition and management of psychiatric illness in medical patients and recommends that a liaison psychiatry service should be an integral part of the services provided by acute hospital trusts. It notes that Trusts that have incorporated a liaison service have demonstrated much better cost-effectiveness.
9. Living Well with Dementia – A National Dementia Strategy, underpins a 5 year plan to improve the services for people with dementia and contains 17 objectives, covering the life of a person with dementia from before diagnosis until end of life. This includes the following objective and is supported by the National Dementia CQUIN:

“Objective 8 - Improved quality of care for people with dementia in general hospitals. Identifying leadership for dementia in general hospitals, defining the care pathway for dementia there, and the commissioning of specialist liaison older people's mental health teams to work in general hospitals”.
10. Nationally there are approximately 700,000 people with dementia in England and this is set to double to 1.4m over the next 30 years. In Oxfordshire the number of people over 65 with dementia will increase by 19.3% from the current estimate of 6829 to 8150 by 2016. The anticipated impact is shown in the following table :

District	Over 65 (Current numbers, predicted % increase, future numbers by 2016)			Under 65
	Current numbers	% increase	Future numbers	
Oxford City	1249	4.1%	1301	26
Cherwell	1376	24.1%	1708	36
South Oxfordshire	1496	20.8%	1808	35
Vale of White Horse	1391	23.1%	1713	32
West Oxfordshire	1316	23.0%	1620	28
Total	6829		8150	

11. In response, NHS Oxfordshire with Oxfordshire Social and Community Services have jointly developed a plan consisting of 5 workstreams. The components of Workstream 2 is summarised in the following table :

Workstream 2 - Dementia Care in General Hospitals	
Objectives	To improve the quality of care for people with a diagnosis of dementia, and those yet to receive one
	To decrease excess length of stay
	To develop a clear pathway supported by psychological services and training to avoid admissions for those who could receive appropriate care in the community settings

12. Oxfordshire's Joint Health and Well-Being Strategy 2012-2016 has been developed jointly by the Oxfordshire Clinical Commissioning Group (CCG) and the Oxfordshire County Council. This strategy has identified 11 priorities where action needs to be taken to improve health and well-being. Priority 2 gives focus to "Support older people to live independently with dignity whilst reducing the need for care and support". The strategy also sets standards to drive an improvement in the diagnostic rates for patients with dementia. While improving care available to patients with dementia supports the delivery of this priority, meeting the wider psychiatric needs of patients admitted to hospital, thereby reducing their hospital stay is also key to its delivery.
13. The NHS Operating Framework 2012/13 has specifically highlighted the need to improve the quality of care for older patients and has emphasised the requirement for focus to be given to the quality of service's which patients suffering from dementia can access. Oxfordshire PCT and its associate PCTs have made provision within the 2012/13 contracts for a CQUIN goal for "Liaison psychiatry for the elderly". Achievement of the CQUIN requires the establishment of "a multi-skilled team that provides a comprehensive assessment of a person's physical and

psychological wellbeing at key points in the care pathway". The CQUIN equates to 6.33% of the contract value which for the Oxfordshire PCT equates to £574k. The total value for the CQUIN for all relevant commissioners is £755k.

14. It is worth noting that the Operating Framework allows for CQUINs to be made recurrent where this measure will enable the qualitative improvement in care to be provided sustainably.

Required Psychological Medicine Input

15. A critical review of the patient pathway for medical patients admitted to the OUH has established the need for a Psychological Medicine Service at the OUH which meets the following criterion :
 - 15.1. Be an integral part of OUHT medical services
 - 15.2. Be medically-led
 - 15.3. Link with OUHT clinical psychology to provide multidisciplinary 'psychological medicine' services
 - 15.4. Serve all adult (over 16 years) OUHT patients
 - 15.5. Provide rapid assessments of patients with suspected psychiatric disorders
 - 15.6. Agree management plans for patients with psychiatric disorders with medical teams
 - 15.7. Educate and support existing OUHT staff in first-line assessment and management of psychiatric problems
 - 15.8. Work closely with primary care, community and mental health services to ensure appropriate care plans
 - 15.9. Support screening of patients with dementia in order to comply with the National CQUIN
16. The focus will be on better recognition, assessment, documentation and management of:
 - 16.1. Delirium
 - 16.2. Dementia
 - 16.3. Depression and anxiety (including suicidal thoughts and behaviour)
 - 16.4. Disturbed behaviour
 - 16.5. Drug and alcohol related problems
 - 16.6. Need for assessment of capacity
 - 16.7. Other psychiatric complications of trauma, surgery or acute illness
17. A substantial proportion of these patients will be elderly and/or have multiple medical diagnoses (multi-morbidity).

Proposed Model of Service Provision

18. It is proposed that a new Psychological Medicine Team, comprising 3.0 WTE Consultant Psychiatrists, 2.0 WTE middle grade doctors, 2.0 WTE Band 7 Psychiatric Nurses, with administrative support is developed. These will be new appointments. The initial priorities will be Acute and General Medicine, Geratology, Stroke and Trauma at the John Radcliffe Hospital. Service provision will initially focus on the JR site in order to establish and consolidate what will be a completely new service for this Trust. The intention will be that this service model will be extended as resource permits to include services at the HGH enabling the benefits of this new service to be ultimately realised on a Trust-wide basis.
 - 18.1. The staff will work as members of the medical team
 - 18.2. There will be a psychiatric medical presence on ward rounds and multi-disciplinary team meetings to identify problems, provide advice and identify patients requiring further assessment
 - 18.3. Patients may also be referred to a single access point at the service base
 - 18.4. All referrals will be recorded
 - 18.5. An appropriate member of the service will then provide a rapid assessment and management advice
 - 18.6. Ward assessments will be conducted by a senior or a supervised junior doctor
 - 18.7. Management plans will be made in collaboration with the referring teams
 - 18.8. Active follow-up of inpatients will be provided as necessary
 - 18.9. Staff education in how to manage problems themselves will be a major role for the service
19. The Consultants appointed to this service will both enhance recognition and documentation of psychiatric problems by screening and education of staff and also receive referrals from Acute and General Medicine, Geratology Stroke and Trauma. They will be integrated as far as possible with the clinical ward based teams and provide expertise in psychiatric liaison and consultation with the aim of optimising the patients' acute episode of care. It is envisaged that an initially most referrals will be seen by Consultants. Experience from other services suggests that as the service develops and acquires trainees as many as half of referrals may be seen by trainees under consultant supervision. The nurses will have an important role training and supporting ward nursing staff in the management of patients especially those who are confused and those who have disturbed and disruptive behaviour. It is envisaged that nursing staff with administrative staff will play a critical role in supporting the audit and evaluation of this service.

Opportunities

20. The establishment of this service will create substantial opportunities for collaboration and joint working, namely:
 - 20.1. Oxford University/Oxford Biomedical Research Centre

20.1.1. It is highly desirable that as a research-focused teaching hospital, the service is engaged in appropriate academic activity. There is an important role for teaching medical students, postgraduate medical staff and nurses. There is opportunity to link the service with the University Department of Psychiatry (particularly the Psychological Medicine Research Group) and other University Departments (including Medicine), as well as with the Biomedical Research Centre and to pursue integrated clinical research and teaching. Oxford should aspire to becoming the leading centre for Psychological Medicine in the UK. This would be consistent with the aims of the Oxford Academic Health Consortium.

20.2. Oxford Health NHS Foundation Trust

20.2.1. OHFT provides community services including mental health services. An effective working relationship with these services is important to facilitating discharges and on-going care for patients. Collaboration will be further enhanced by future joint developments.

Objectives and Benefit Criteria

21. The objectives of this proposed development are as follow :
 - 21.1. Provide state of the art, patient-centred, integrated medical and psychiatric care - measurable by external review of the service.
 - 21.2. Improve outcomes for patients with a combination of medical and psychiatric problems - measurable by patient carer and GP opinion.
 - 21.3. Improve recognition and documentation of psychiatric problems (including in communications with primary care) - measurable by audit of records and discharge letters.
 - 21.4. Enhance the skills and confidence of OUHT staff in managing psychiatric problems - measurable by assessing knowledge and confidence of staff.
 - 21.5. Improve patients' experience of care - measurable by patient surveys and by audit of complaints.
 - 21.6. Reduce risk of harm to patients and others from unmanaged psychiatric disorder - measurable by audit of incidents.
 - 21.7. Contribute to the reduction of healthcare costs by providing more appropriate alternatives to unnecessary and unhelpful medical care - measurable by length of stay and readmission figures.
 - 21.8. Support audit and service evaluation for these patients

Options

22. The options are as follows :
 - 22.1. Option 1 - Do nothing
 - 22.2. Option 2 - Source this service from another provider. (While this service could in theory be sourced from another provider, it is recognised that the degree of

integration that could be achieved would be insufficient to fully optimise the anticipated benefits from this development).

- 22.3. Option 3 - Establish a psychological medicine service which is fully integrated with the medical service

Option Appraisal using Benefit Criteria

Objective	Option 1	Option 2	Option 3
Provide state of the art, patient-centred, integrated medical and psychiatric care			✓
Improve outcomes for patients with a combination of medical and psychiatric problems		✓	✓
Improve recognition and documentation of psychiatric problems (including in communications with primary care)		✓	✓
Enhance the skills and confidence of OUHT staff in managing psychiatric problems			✓
Reduce risk of harm to patients and others from unmanaged psychiatric disorder		✓	✓
Contribute to the reduction of healthcare costs by providing more appropriate alternatives to unnecessary and unhelpful medical care		✓	✓

Recommended option and how it meets the case for change

23. The recommended option is option 3 which delivers the step-change in access to psychiatric care that meets the clinical needs of current and future patients admitted to the OUH. It will optimise the experience of patients, carers and GPs.

Financial Analysis of Preferred Option**Revenue Costs**

24. The appointment of 9.0 WTE will incur pay expenditure of £159k in 2012/13 with a full year effect of £597k in 2013/14. Non-pay expenditure of £39k will be incurred in 2012/13 and this will fall to a recurrent annual spend of £8k. The non-recurrent non-pay expenditure of £37k relates to removal expenses (£32k) and set up costs such as PCs and printers (£5k). A provision has been made for drug costs reflecting the nature of the patient group, however there is no expectation that there will be a significant change in prescribing practice as a result of this development.

Capital Costs

25. There is no requirement for capital investment as part of this service development. This new service would be accommodated in on Level 4 in the former BHRC Offices.

Income

26. The CQUIN will fully offset the costs of this development in 2012/13 and in 2013/14. It is anticipated that the middle grade doctors will attract a funding contribution from the Deanery, however agreement to this needs to be confirmed.

Market Assessment (including commissioner discussions)

27. Oxfordshire PCT and its associate PCTs have demonstrated their commitment to improving the psychiatric and psychological care available to patients through the

agreement of a CQUIN as part of the 2012/13 contracts for the provision of "Liaison psychiatry for the elderly". Achievement of the CQUIN requires the establishment of "a multi-skilled team that provides a comprehensive assessment of a person's physical and psychological wellbeing at key points in the care pathway". The CQUIN equates to 6.33% of the contract value which for the Oxfordshire PCT equates to £574k. The total value for the CQUIN for all relevant commissioners is £755k.

28. Agreement has been secured with the Oxfordshire PCT/CCG that the CQUIN will apply for 2012/13 and 2013/14.

Benefits Realisation

29. The table below shows the quantifiable benefits of the proposal and the plan for achieving them.

Benefit	Performance Measure	Current Value	Target Value	Target Date
Provide state of the art, patient-centred, integrated medical and psychiatric care, and secure the Commissioner CQUIN	Achieve compliance with the CQUIN. Peer Review		Achieve CQUIN funding in 2012/13 and 2013/14 across all relevant Commissioners - £755k (2012/13). Peer Review to be undertaken by existing services eg Edinburgh	Jan 2013
Improve recognition and documentation of psychiatric problems (including communications with primary care)	Audit	Baseline audit will need to be undertaken to establish current levels of recognition and documentation	Re-audit 6 months after service has been established	July 2013
Enhance the skills and confidence of OUHT staff in managing psychiatric problems	Medical and nursing staff survey	Baseline assessment will need to be undertaken to establish the current levels of competence and confidence of medical and nursing staff. This will include staff in ED, AGM, Geratology and Stroke.	Re-survey 1 year after the service has been established	Jan 2014

Management of Risks of Implementation of Proposal

30. The table below lists the risks that would remain if the proposal is agreed and the plan to manage them.

Risk	Impact (I)	Likelihood (L)	Total (IxL)	Mitigating Action	Residual Risk	Contingency plan to address risk
Ability to appoint to additional substantive consultant posts	5	2	10	This is a new and innovative service so in the unlikely event that all substantive appointments could not be made, locum appointments would be made to deliver the service until substantive appointments can be made.	4	Targeted recruitment
Ability to appoint to middle grade medical posts	3	2	6	It is anticipated that a funding contribution from the Deanery would be agreed to support these posts. As such close collaboration with the Deanery would take place to ensure that these posts could be filled.		
Ability to appoint to nursing posts	3	2	6	If delays are encountered in appointing substantively to the nursing posts, agreement would be reached with ED on the support that could be provided. This would be increased as the available nursing capacity allowed.	6	Targeted recruitment would be used to optimise subsequent recruitment attempts.
Secure recurrent funding for this development	5	2	10	The NHS Operating Framework allows Commissioners to make CQUINs recurrent where this measure will enable the qualitative improvement in care to be provided sustainably. Agreement is in place with the Oxfordshire PCT/OCG that the CQUIN will continue for 2013/14.	0	

Implementation Plan

31. As soon as the business case is approved, VCFs for the consultant posts will be raised and the job description will be sent to the College for approval. Advertising would aim to be in early September with interviews in late September/early October with anticipated start dates in early December and early January for the Consultant posts. It will be essential to secure an early interview slot with the Executive office as competition for interview slots is high. A mentoring programme will be developed and its implementation overseen Professor Sharpe.
32. VCFS for the middle grade doctors, nursing and admin staff will be raised and appointment process initiated. Adverts would be placed in September with interviews scheduled for October, with planned start dates of January.

When and how will the impact and intended effect be reviewed and reported on?

33. The realisation of the benefits anticipated from the establishment of this service will be monitored and managed through the existing directorate and divisional arrangements for operational management, delivery and performance.

Conclusion

34. With an increasingly aging population, patients admitted to medical and geratology services in an unplanned manner are increasingly suffering from multiple chronic illnesses, coupled with depression, delirium and dementia. Optimal outcomes for these patients require integrated medical and psychiatric management. The establishment of a Psychological Medicine Service, working in partnership with the Acute General Medicine Service would be the optimal solution to this problem.
35. The establishment of an integrated Psychological Medicine Service represents a step-change in the level of care that would be readily available to patients admitted to the OUH who would benefit from this level of intervention. Access to this service would be entirely consistent with the requirements of the National Dementia Strategy (February 2009), the Oxfordshire Dementia Plan (March 2011) and Oxfordshire's Joint Health and Wellbeing Strategy 2012-16. There is clear Commissioner support for the development of this service with the agreement of a CQUIN within the 2012/13 and 2013/14 contract which will fully fund this development.
36. Investment of £605k (full year effect) will enable a team to be established, with initial focus being given to the services on the JR site. When this newly established service has become embedded in the medium term service provisions will be extended to the HGH site, ensuring the provision of a Trust wide service.

Recommendations

37. The Trust Board is asked to note the implementation of a new Psychological Medicine Service and to receive the case for information.

Mr Paul Brennan, Director of Clinical Services

August 2012