East London
NHS Foundation Trust

Newham High Intensity User (HIU) Service Operational Policy

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Team Model and Structure

1. Purpose of the policy

High intensity use of A&E is defined as attending 10 or more times over a 12 month period). Aside from concerns about cost to acute services, research has shown that this cohort of patients have significant and varied unmet health or social needs, and often poor health, quality of life and multimorbidity. Based on the literature and clinically-driven evidence, the HIU service aims to identify and offer a collaborative assessment of needs to cohort of people who are frequently attending the A&E at Newham Hospital . This is through coordinating fortnightly multi-disciplinary meetings with appropriate representatives who might contribute to these needs. During these meetings, care will be discussed and personalised care plans developed to aid their care while in A&E and in the community.

The service is supported by a range of clinical practitioners from both Barts Health, ELFT and other relevant partner agencies according to the personal needs of the individual patient.

2. Philosophy and model of care

The overall vision for the HIU service is to make a positive difference to people's lives. Through this project and adhering to the ELFT Trust's values (we care, we respect, we are inclusive), we aim to achieve this. Studies suggest that adverse childhood experiences are common in this population (Binnie V, Le Brocque R, Jessup M, Johnston AN. Adult frequent presentation to emergency departments and adverse childhood experiences: a scoping review. Australasian emergency care. 2021 Dec 1;24(4):264-79.) as are previous negative experiences with health care professionals (Baggio S, Iglesias K, Hugli O, Burnand B, Ruggeri O, Wasserfallen JB, Moschetti K, Staeger P, Alary S, Canepa Allen M, Daeppen JB. Associations between perceived discrimination and health status among frequent Emergency Department users. European Journal of Emergency Medicine. 2017 Apr 1;24(2):136-41.) Therefore the service will be underpinned by the principles of trauma-informed care (SAMHSA) and aims to build trust and transparency as well as for both the development and evaluation of the service to be co-produced wherever possible. It is also important to state explicitly that although it is anticipated that there will be contact with the Police as part of a wider multidisciplinary and multiagency collaboration, the pilot is explicitly opposed to the criminalisation of distress or help seeking.

High intensity attendance is usually driven by an unmet need Through coordinating their care and reviewing their unmet needs, it is likely to improve satisfaction in the care they receive. Added to this, there is recent evidence that care coordination improves patient satisfaction (Wang et al, 2015). The pilot therefore also aligns with the Trust's vision, specifically improving the experience of care and value, as well as potentially contributing to staff experience. Although studies have tended to focus on reducing attendance, there is also evidence that stakeholders and patients find the intervention helpful in other pilot sites (NHS England High Intensity Use Service Evaluation, March 2019).

The service aims to provide clear guidance and specific personalised care plans for some of the most complex Service Users who attend A&E. This will be through comprehensively summarising their history from all available sources and aiming to reach an agreed formulation Care plans may help identify and address unmet needs, offer opportunities for inter-agency collaboration and anticipation of triggers for A&E attendance. Out of hours care plans with selected information may provide useful background information that can assist, avoid unnecessary repetition of investigations or interventions (Budhwani N, Capanna MV, Baban A, Isetta M, Oldman AH, Daniels N, Goddard R, Hayhurst C, Lee W, Thomson AB. Care planning or case management for frequent emergency department attendance in adults. Cochrane Database of Systematic Reviews 2022, Issue 6. Art. No.: CD014662. DOI: 10.1002/14651858.CD014662. Accessed 23 June 2022.)

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2.1 The primary aims of the service are to:

- Coordinate regular meetings to meaningfully review the care of people who frequently attend at Newham Hospital with a multi-disciplinary team
- Provide guidance for A&E management (where appropriate)
- Provide the identified frequent attender cohort with individual care plans to guide their physical and mental health care while in A&E
- Work with other organisations (e.g. Barts Health NHS Trust, local charities, London Ambulance Service) to provide coordinated care for the cohort
- Identify interventions for the cohort to improve their care and refer them with the aim to reduce their attendances at A&E by understanding and meeting, their unmet needs
- Provide support and education for A&E colleagues through providing comprehensive formulations for the cohort, to better understand their physical and mental health needs
- Coordinate case conferences (where appropriate) to direct best care for the cohort
- Promote the importance of integrated care, understanding and reduce stigma for this population

Service Users with mental health problems in the acute hospital setting should have equal and fair access to psychiatric assessment and treatment by appropriately skilled professional staff.

3. Introduction to the team

3.1. Clinical setting

The HIU service works within Newham University Hospital and will operationally fall under the ELFT Psychiatric Liaison Team. The service does not cover any other sites. The service offers outpatient follow up for a maximum of four sessions. The service works with patients within the A&E or inpatient wards across this site only.

3.2. Service context

A cohort of 10 Service Users at any one time will be open to the service. These Service Users will be referred via A&E/Hospital staff or identified via Barts Informatic data identifying the top 50 attenders to the A&E Department and the hospital wards.

3.3. Funding and management stakeholders

The HIU service if funded by NEL CCG. The service will operationally fall under the Psychiatric Liaison Team and the Crisis Care Healthcare Governance forum.

3.4. Catchment area

The service is open to individuals who are identified as frequently attending the A&E at Newham Hospital, regardless of their area of residence.

3.5. Age range

The service is open to adults (aged 18+) only.

4. Team composition

4.1. Roles and responsibilities

The service consists of:

- 0.4 8a Clinical Psychologist
- 0.4 Band 4 Assistant Psychologist
- 1.0 Band 7 Senior Practitioner
- 0.2 Consultant Psychiatrist
- 0.2 GP

4.2. Management structure

The HIU Service is operationally managed by an Operational Team Lead (OTL). The OTL will be managed on a day-to-day basis by the Service Manager/ACD for Crisis Care and there will be accountability to the Directorate Management Team.

5. Hours of operation and service provision

5.1. Hours of operation

The service will operate Monday to Friday, from 9-5pm.

5.2. Visiting times

The service will engage service users flexibly in accordance with their preferences where possible. For example, the clinic space at the Newham Centre for Mental Health, Acute Day Hospital or other community settings, considering home visits in situations where this is safe and appropriate to do so.

5.3. Handover arrangements

Routine/non urgent information will be shared at the HIU MDT meeting and more urgent information can be communicated via the Team email inbox.

6. Team meetings

The HIU will have a designated section in the monthly Psychiatric Liaison business meeting to discuss relevant matters.

A fortnightly MDT meeting will be held amongst the HIU team to discuss the case load and review care plans and agree actions.

There will be a reflective practice forum held on a monthly basis.

7. Supervision and leadership

The Psychiatric Liaison Operational Team Lead will operationally manage the service and be accountable to the Associate Clinical Director for Crisis Care. The Operational Team Lead will provide operational line management supervision to practitioners on the team. Professional supervision will be provided by relevant clinical leads. Inductions for new staff members will be led by the Band 7 Practitioner.

Supervision will be conducted in accordance with Trust policy.

Clinical Processes

8. Referral

8.1. Inclusion and exclusion criteria

Service Users must have attended the A&E department +10 times in 12 months, must be actively and currently attending and perceived to have either unmet needs or perceived to potentially benefit from biopsychosocial interventions. Patients will be prioritised based on potential for intervention, low service involvement and high service need. Referrals for children and young people under the age of 18 will be excluded.

8.2. Referral procedures

A cohort of 10 Service Users at any one time will be open to the service. These Service Users will be referred via A&E/Hospital staff or identified via Barts Informatic data identifying the top 50 attenders to the A&E Department and the hospital wards. All referrals will be triaged according to clinical urgency and may be seen sooner if warranted.

9. Assessment

1. Accepted to active list

- Comprehensive case note audit conducted (background research and summary) on RiO and CRS and save to file
- Send 1) patient letter with 2) ELFT Information Sharing Leaflet and 3) Our service booklet (save to pt file and upload to RiO)
- If patient homeless – brief information about service to be sent via text or a link to the ELFT HIU webpage.
- Document information governance according to sharing protocol
- Allocate lead clinician from within the service
- Letter sent to GP to inform of service
- Liaise/consult with professionals involved if necessary to gather further information (e.g. GP, Care Coordinator, Consultant, police, LAS)

2. MDT Discussion

- All professionals sign confidentiality agreement
- Service users discussed at MDT meeting with relevant professionals and initial care plan/flag/actions devised. Consider Urgent Emergency Care touch points and relevant parties needed.
  Note/flag uploaded to RIO/CRS that patient being considered for HIU intervention

3. MDT Actions

- To be allocated and completed prior to next meeting
- Consult other professionals involved in care if appropriate

4. Service user contact

- Contact patient by phone, letter, text message for initial discussion around care plan
- Consider need for network meeting and/or face-to-face contact

5. Service User contact made

- Include amendments/needs in care plan
- Care plan devised

6. Service User contact not made/inappropriate

- Record reasons

- Proceed in best interests
- Care plan devised

7. **Identification of unmet needs**

If yes:

- Refer on with consent or in best interests
- Consider brief psychological intervention delivered by the HIU service.
- Consider network meeting
- Care plan devised

8. **Care plan devised**

- Approved by at least 2 people within the service prior to uploading or at next MDT
- Care plan uploaded to CRS and RIO
- Record care plan expiry date

9. **Case closed to service**

- Care plan sent to patient and written in a style following BMJ writing outpatient letters to patients guidance and mention GP and other professionals along with summary letter of actions.
- Discharge from service recorded on RIO/CRS
- Add to KPI database along with discharge date, and calculate pre-date

10. **Review**

- If re-attending and plan requires review
- Re-open case and re-start process

10. Service-user and carers involvement

Care planning for Service Users seen by the HIU Service will be carried out, wherever possible, in conjunction with the service user and their teams. Service Users will be invited to discuss their needs with the service via the information leaflet and contact attempted to discuss. Carers will be involved where this is appropriate and there is patient consent for this.

The service will obtain regular service user feedback via the Trust's PREMs process and in conjunction with People Participation use creative means to gather meaningful feedback from our cohort,.

11. Safeguarding Children and Adults at Risk

It is the responsibility of all clinical staff to be aware of issues around adults at risk and safeguarding children, and to ensure they have completed the appropriate mandatory training. All staff must take these issues into account when assessing service users. This should include routinely enquiring about contact with persons under 18 or with adults at risk. For people who may be adults at risk, care should be taken in assessments not to miss possible abuse or exploitation.

If a safeguarding issue is suspected, the practitioner is to follow Newham's safeguarding children and safeguarding adults policies and procedures.

12. Equality and Diversity

12.1. Relevant policies

All staff should have completed mandatory Equality and Diversity training relevant to their role and should adhere to ELFT policies and national guidance. This can be found on the ELFT Intranet Equality – Guidance and Resources page.

12.2. Access to interpreting

Interpreters based at NUH can be used where necessary, ior Language Line.

12.3. Access to faith services

This is provided to patients within NUH via the BH Chaplaincy service. This should be offered to Service Users where appropriate, and in these cases the HIU service staff member or a relevant member of BH should make a referral via the Chaplaincy service. The Chaplaincy service can provide a chaplain of the relevant faith and have links with community faith services to allow them to access other representatives as requested.

13. Liaison with other teams/agencies

13.1. Liaison with GPs

Where a Service User has been involved with the HIU Service, an initial letter describing the service and role will be sent to the GP. Following this and following intervention a discharge summary and copy of the care plan will be sent to the GP.

Where clinically indicated members of the MDT will link in with GPs around service user needs.

13.2. Liaison with other mental health teams

Where a Service User is under the HIU service, the service will, where possible contact the relevant teams to ensure shared care. Where this is not possible, the relevant teams will be notified as soon as possible and informed of the presentation, assessment and involved in the persons care plan. For patients who attend frequently to the ED, a shared plan on managing this will be put in place in conjunction with their relevant team. Should a staff member of the relevant team have concerns about patient care in the department, this should be fed back to the Operational Team Lead.

13.3. Liaison with inpatient mental health services

The service will ensure information sharing and shared decision making where a Service User is also a current MH inpatient.

13.4. Liaison with acute trust services

The service has at its core, a duty and philosophy of shared care with acute trust colleagues. This includes sharing information. Barts and ELFT staff will meet regularly to review the cohort of individuals and to discuss their shared care. In all cases, Caldicott Principles should be adhered to in information sharing: all information shared should be relevant and proportionate.

Quality and Governance

14. Information Governance

The HIU service will abide by ELFT policies on information governance, and all staff must attend mandatory training appropriate to their role.

15. Management of clinical case files

All notes and care plans will be stored on RIO and Millennium or on secure ELFT IT drives.

16. Incident management

All incidents pertaining to ELFT will be reported on DATIX, the incident reporting system.

17. Health and Safety

All staff will follow the health and safety policies and procedures at Barts Health Trust whilst on the premises.

18. Governance: quality, safety and performance monitoring

The HIU service will fall under Newham's Crisis Care Health Care Governance forum.

The HIU service will report on the KPIs defined by NEL CCG

To ensure a consistency in the approach of all team members and their work, regular audits will be completed by the Operational Team Lead and by the team as a whole. All team members will be involved in the audit process and this will be discussed as a standard item in their annual appraisal.

The HIU service will abide by the ELFT complaints procedures, and staff will comply with any investigations required for complaint or incident review purpose. Any incidents which involve the team will be fed back for learning during the monthly business meetings.

19. Implementation and monitoring of the operational policy

The operational policy will be reviewed annually by the Operational Team Lead, Clinical Lead and ACD.

20. References

- Trust policies
- Directorate policies
- National Guidance
- Consultation records/minutes