

Primary Care Liaison Service (PCLS)

Commissioners are developing a specification for all PCTs across AWP with local variation possible.

1. Background

As part of plans for redesign and modernisation of community services, the Trust has consulted widely with GPs, service users, carers and commissioners about the best ways to ensure seamless access for assessment and, where indicated, brief treatment. This has been combined with feedback from patient surveys, praise and complaints which coalesces around a need for the Trust to have much greater visibility in primary and community settings, offering expert advice (pre-referral) and assessment, with rapid access to treatment according to need. This proposal builds on pilot work conducted in 2010/11 by the older adult SBU in South Gloucestershire and Swindon and the Primary Care Eating Disorder Service in Bristol (see appendix 3).

2. What the Primary Liaison Service will offer:

- **Advice and support** for primary care staff to manage patients' mental health needs and determine whether a formal assessment is necessary
- **Triage and full assessment** for all those referred by GPs
- **Treatment** according to need:
 - **Signposting, advice and onward referral** (straight to the secondary care service where this is clinically indicated)
 - **Brief intervention:** up to six sessions with a qualified MH practitioner
 - **Allocation to structured/on-going treatment** – into one of the secondary care treatment clusters with associated evidence-based care packages.
- **Management of discharge and step-down** planning back to full primary care/GP management of service users.

Services will be provided in the community in GP practices and other settings, by negotiation, and by fully qualified mental health practitioners.

The key issues for B&NES are:

- Continuing to improve access and communication – initial ideas revolve around how the PCLS can relate to the GP Clustering arrangements in B&NES and this will be discussed in development.
- The relationship with IAPT services and the need to ensure a smooth and realistic pathway for service users.
- The relationships between the PCLS and community services – both mental health and mainstream health and social care services provided by the new Community Interest Company from October 2011.

For B&NES, the following volumes of existing primary care referrals for assessment and brief intervention are anticipated to transfer to this new 'front end' service:

Adults of a Working Age

Outcome of referral (excludes referrals that are open, but have not yet been seen) - external only

Referrals and outcome (% and number in brackets)	Q4 9/10	Q1 10/11	Q2 10/11	Q3 10/11	Q4 10/11
% Screened and discharged	40% (89)	41% (88)	37% (87)	41% (89)	36% (89)
% Assessed (face to face) and discharged	18% (39)	23% (49)	19% (45)	18% (40)	20% (49)
% Requiring brief intervention (six face to face contacts or less)	27% (60)	25% (54)	32% (74)	31% (68)	38% (93)
% Requiring substantial intervention (more than six face to face contacts)	15% (32)	12% (25)	12% (27)	10% (22)	6% (16)
% Open and awaiting assessment	0% (0)	0% (0)	0% (0)	0% (0)	0% (1)

Older Adults

Outcome of referral (excludes referrals that are open, but have not yet been seen) - external only

Referrals and outcome (% and number in brackets)	Q4 9/10	Q1 10/11	Q2 10/11	Q3 10/11	Q4 10/11
% Screened and discharged	21% (19)	28% (37)	16% (25)	25% (41)	18% (32)
% Assessed (face to face) and discharged	18% (17)	17% (23)	21% (32)	18% (30)	18% (32)
% Requiring brief intervention (six face to face contacts or less)	23% (21)	27% (36)	26% (40)	31% (51)	47% (82)
% Requiring substantial intervention (more than six face to face contacts)	38% (35)	27% (36)	35% (54)	25% (41)	16% (29)
% Open and awaiting assessment	0% (0)	0% (0)	1% (2)	0% (0)	1% (1)

3. Development: next steps

Proposals are being developed by Commissioner and GP colleagues during August/September 2011 for discussion with AWP. Subject to approval and amendment as a result, it is envisaged that this service would be ready to implemented during quarter four of 2011-12, dependent on local discussions to tailor the model to existing local access points and primary care services. It represents a transfer of existing resource from CMHT-type services (assessment and brief intervention functions) and as such is expected to be cost-neutral. Any efficiencies generated will be discussed with Commissioners and GPs with a view to them being used to support other service developments in 2012-13 and beyond.

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