## NCEPOD self-assessment checklist

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| **#** | **Recommendations** | **Is it met? Y/N/Partially/Planned** | **Comments (Examples of good practice or deficiencies identified)** | **Action required** | **Timescale** | **Person responsible** |
| The overarching theme of this report is that the divide between mental and physical healthcare needs to be reduced. This will require long-term changes in both organisational structures and individual clinical practice to produce a working environment where the mind and body are not approached separately. The following are a series of recommendations that should be undertaken now to help that process. |
| **1** | Patients who present with known co-existing mental health conditions should have them documented and assessed along with any other clinical conditions that have brought them to hospital. These should be documented: a. In referral letters to hospital b. In any emergency department assessment c. In the documentation on admission to the hospital. Existing guidance in these areas for specific groups should be followed which includes but is not limited to NICE CG16 and CG113 *(General Practitioners, Community Care Teams, Community and Hospital Mental Health Teams, Paramedics, Allied Health Professionals (e.g. Occupational Therapy) Emergency Medicine Consultants, Medical Directors of Mental Health Hospitals, Medical Directors of General Hospitals, Directors of Nursing and all Hospital Doctors and Nurses)* |  |  |  |  |  |
| **2** | The recognition of potential mental health conditions in all patients presenting to a general hospital would require routine screening at presentation and during the hospital stay. This would be an enormous change in practice and the benefits and challenges of this need to be investigated. *(All relevant Royal Colleges, Specialist Colleges and Specialist Associations and led by the Academy of Medical Royal Colleges)* |   |   |   |   |   |
| **3** | National guidelines should be developed outlining the expectations of general hospital staff in the management of mental health conditions. These should include: a. The point at which a referral to liaison psychiatry should be madeb. What should trigger a referral to liaison psychiatry and c. What relevant information a referral should contain *(All relevant Royal Colleges, Specialist Colleges and Specialist Associations, and led by the Academy of Medical Royal Colleges)* |   |   |   |   |   |
| **4** | As recommended by the Psychiatric Liaison Accreditation Network, mental health liaison assessments should be made in an appropriate timeframe, and by a mental health professional of appropriate seniority to meet the needs of the patient. *(Medical Directors of General Hospitals, Directors of Nursing, Faculty of Liaison Psychiatry, Royal College of Psychiatrists)* |   |   |   |   |   |
| **5** | Patients who have been admitted to hospital and have been referred to liaison psychiatry should have a named liaison psychiatry consultant documented in the general hospital case notes and recorded centrally wherever possible. *(Medical Directors and Clinical Directors of General Hospitals, Faculty of Liaison Psychiatry, Royal College of Psychiatrists)* |   |   |   |   |   |
| **6** | Liaison psychiatry review should provide clear and concise documented plans in the general hospital notes at the time of assessment. As a minimum the review should cover: a. What the problem is (diagnosis or formulation) b. The legal status of the patient and their mental capacity for any decision needing to be made if relevant c. A clear documentation of the mental health risk assessment – immediate and medium term d. Whether the patient requires any further risk management e.g. observation level e. A management plan including medication or therapeutic intervention f. Advice regarding contingencies e.g. if the patient wishes to self-discharge please do this ‘…’ g. A clear discharge plan in terms of mental health follow-up *(Faculty of Liaison Psychiatry, Royal College of Psychiatrists)* |   |   |   |   |   |
| **7** |  All healthcare professionals must work together to eradicate terms such as ‘medically fit’ or ‘medical clearance’. The terms ‘fit for assessment’, ‘fit for review’ or ‘fit for discharge’ should be used instead to ensure parallel working. *(All Healthcare Professionals)* |   |   |   |   |   |
| **8** | Patients with mental health conditions should be supported in overcoming/managing alcohol and/or substance abuse. Smoking cessation services and brief interventions must be offered to all patients who would benefit. *(All Healthcare Professionals)* |   |   |   |   |   |
| **9** | All general hospital pharmacy departments should be able to undertake medicines reconciliation of medications for mental health conditions within the first 24 hours of admission. Communication between general hospital and mental health hospital pharmacists should be encouraged. *(Medical Directors of Mental Health Hospitals, Medical Directors of General Hospitals, Pharmacy Leads)* |   |   |   |   |   |
| **10** | The use of mental health one-to-one observation support needs to be available for patients in a general hospital setting. Organisations should determine whether this occurs via training of their own general hospital staff or by arrangement with the local mental health service. The sole use of security staff or other staff members who are not trained for this purpose must not occur. *(Medical Directors of Mental Health Hospitals, Medical Directors of General Hospitals, Directors of Nursing)* |   |   |   |   |   |
| **11** | Mental capacity assessments should be documented in the case notes using the language of the relevant Act, and regular audits of the quality of the documentation undertaken. *(Medical Directors and Clinical Directors of General Hospitals and Directors of Nursing)* |   |   |   |   |   |
| **12** | If the primary clinical team has concerns about mental capacity in patients who have a mental health condition, they should involve liaison psychiatry to assist in decision making. *(All Consultants, Liaison Psychiatry)* |   |   |   |   |   |
| **13** | General hospitals must have a robust centralised hospital system for the management of mental health legislation processes whether by themselves or with their local mental healthcare providers. This should be audited regularly to ensure that the law is complied with. *(Medical Directors of General Hospitals, Directors of Nursing and Chief Operating Officers)* |   |   |   |   |   |
| **14** | Mental healthcare should be routinely included in stepup and step-down documentation to critical care, with appropriate involvement from liaison psychiatry. *(Medical Directors and Clinical Directors of General Hospitals, Directors of Nursing and Faculty of Liaison Psychiatry, Royal College of Psychiatrists)* |   |   |   |   |   |
| **15** | Discharge planning for patients with mental health conditions should involve multidisciplinary input, including liaison psychiatry where appropriate and in all cases where the patient has been under the care of liaison psychiatry. The discharge letter should be copied to all specialties providing ongoing mental and physical healthcare outside of the general hospital. Sharing of clinical information between care providers using a Summary Care Record or equivalent should be utilised. *(Medical Directors and Clinical Directors of General Hospitals and Liaison Psychiatry)* |    |   |   |   |   |
| **16** | All hospital staff who have interaction with patients, including clerical and security staff, should receive training in mental health conditions in general hospitals. Training should be developed and offered across the entire career pathway from undergraduate to workplace based continued professional development. *(Medical Directors and Clinical Directors of General Hospitals and Directors of Nursing)* |   |   |   |   |   |
| **17** | In order to overcome the divide between mental and physical healthcare, liaison psychiatry services should be fully integrated into general hospitals. The structure and staffing of the liaison psychiatry service should be based on the clinical demand both within working hours and out-of-hours so that they can participate as part of the multidisciplinary team. *(Medical Directors of General Hospitals, Medical Directors of Mental Health Hospitals, Directors of Nursing and Clinical Commissioners)*  |   |   |   |   |   |
| **18** | Liaison psychiatry consultants and associated mental health staff should be actively integrated into all relevant general hospital governance structures and committees. This should include issues around audit, risk management, education and training, serious/ adverse incident investigations and senior director level meetings. *(Medical Directors of General Hospitals)* |   |   |   |   |   |
| **19** | Record sharing (paper or electronic) between mental health hospitals and general hospitals needs to be improved. As a minimum patients should not be transferred between the different hospitals without copies of all relevant notes accompanying the patient. *(Medical Directors and Clinical Directors)* |   |   |   |   |   |
| **20** | NCEPOD supports the continued successful implementation the Psychiatric Accreditation Liaison Network Nationally. *(Medical Directors and Clinical Directors)* |   |   |   |   |   |
| **21** | Diagnostic coding of mental health conditions must be improved. Liaison psychiatrists should enter the diagnosis in the general hospital notes so that they can be coded appropriately and included in discharge summaries made by general hospital doctors. This will help with local and national audit. *(Faculty of Liaison Psychiatry, Royal College of Psychiatrists, General Hospital Doctors)* |   |   |   |   |   |