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Brokering Innovation Through Evidence

Evaluation of new investment in liaison psychiatry services at University Hospitals Bristol



Extending the operating hours of the liaison psychiatry service at the Bristol Royal Infirmary's (BRI) Emergency Department (ED) has led to improved care and outcomes for patients who have self-harmed, our economic evaluation has found.

Self-harm is a strong risk indicator for suicide, so getting psychiatric support for these patients has the potential to save lives.

Our findings show that, over a three-month period, the investment in the extended service may have led to a saving of £36,150 in ED and hospital costs, for this specific group of patients. This equates to £144,600 annually.

In 2014, Bristol Clinical Commissioning Group commissioned University Hospitals Bristol NHS Foundation Trust, which runs the BRI, to extend the operating hours of its liaison psychiatry service.

The service was extended because most emergency department patients who have self-harmed present outside office hours.

The service change needed an additional investment of around £250,000 per year, to increase levels of liaison psychiatry team cover from 40 hours over five days to 98 hours over seven days a week.

The study compares the short-term costs of extending the service for self-harm patients at the BRI in a before and after study, using existing data about acute self-harm episodes.

Why self-harm patients?

Our researchers focused on the impact of this service change on self-harm patients because they make up a high proportion of the liaison team's workload, are the patient group at highest risk of suicide and have detailed data collected about their care through the local self-harm register. It was this detailed data that made this evaluation possible.

They also may have to wait in the emergency department or be admitted to hospital if they can't have a timely psychiatric assessment.



What were the findings?

Following the service extension, about 10 per cent more patients received a psychosocial assessment. The waiting time for an assessment decreased by more than three hours.

In 2015 with the new hours in place, patients were 20 per cent less likely to re-attend for self-harm within 90 days.

However, because the study only covered a short three-month period and relatively small number of patients, these results are preliminary. A larger study is needed to provide stronger evidence on costs and re-attendance.

The findings will help commissioners across England judge whether further investment in liaison psychiatric services represents value for money, though more research is needed.

What next?

This study only compared two short periods. It didn't look at whether there were improvements in patients' health, or how frequently patients used other services after involvement with the liaison psychiatry service.

The service extension is likely to benefit other patient groups, but we were only able to look at data for patients who had self-harmed.

We hope to do more analysis that includes health outcomes and follow-up care, and look at more patients over a longer period. This further work will allow us to provide a more complete picture and more robust results.

Read the paper

'Extending the liaison psychiatry service in a large hospital in the UK: a before and after evaluation of the economic impact and patient care following Emergency Department attendances for self-harm', Brent Opmeer, Will Hollingworth, Elsa Marques, Ruta Margelyte, David Gunnell. Published in BMJ Open

<http://bit.ly/psychiatricliaison>

Find out more about this project

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