

Dear

FREEDOM OF INFORMATION – PSYCHIATRIC ADMISSIONS

I write in response to your request for information in relation to psychiatric admissions in NHS Lothian.

Question:

1. From 27 March to 01 April 2019, in your health board catchment area, were there any beds/spaces available for voluntary and/or compulsory admission for adult patients struggling with psychiatric health? Please provide the information and detail the availability for voluntary admissions and compulsory admissions on each day, in each facility.

Answer:

The table below details the information you have requested for our mental health inpatient units at the Royal Edinburgh Hospital (REH) and St John’s Hospital, Livingston (SJH). There is no distinction between beds available for voluntary admissions and compulsory admissions, so the data given is that of unoccupied beds. Please note that due to maintenance works during this period the bed complement and therefore available beds may have been slightly less in ward 17 at St John’s Hospital.

Mental health inpatient beds available for admission, NHS Lothian, 27 March – 1 April 2019						
Unit	27/03/19	28/03/19	29/03/19	30/03/19	31/03/19	01/04/19
REH – Balcarres (16 beds)	0	0	0	0	0	0
REH – Blackford (10 beds)	4	4	4	3	2	1
REH – Craiglockhart (16 beds)	1	0	0	0	0	0
REH – Hermitage (16 beds)	0	0	0	0	0	0
REH – Meadows (16 beds)	0	0	0	0	0	0
REH – Merchiston (16 beds)	0	0	0	0	0	0

Mental health inpatient beds available for admission, NHS Lothian, 27 March – 1 April 2019						
Unit	27/03/19	28/03/19	29/03/19	30/03/19	31/03/19	01/04/19
SJH - Ward 17 (24 beds)	3	3	4	4	4	7
SJH - Ward 1 (12 beds)	4	5	4	5	5	5
Total (126 beds)	12	12	12	12	11	13

Question:

2. If there were beds available, would they be available for the placement of voluntary patients from a different health board area in need of urgent inpatient care?

Answer:

Requests for access acute adult mental health inpatient beds may be made by other non NHS Lothian health boards when their local hospital has no available beds. At least 3 empty beds will be held for Lothian admissions but referrals from other health boards can be accepted when more beds are free.

Question:

3. If there were no beds/spaces available for voluntary and/or compulsory admission for adult patients struggling with psychiatric health from 27 March to 01 April 2019, what further involvement would you have in regards organising/assisting with alternative in-patient care?

Answer:

There are contingency beds available that may be used in exceptional circumstances when demand for admission in adult and older people's mental health inpatient services exceeds capacity. The following extract from the policy describes the circumstances under which these beds may be used:

Contingency beds will be used when there is an absolute essential requirement to admit a patient to REH [Royal Edinburgh Hospital]'s adult and older people's in-patient service and: All available REH [Royal Edinburgh Hospital] site AMH [Adult Mental Health] and OPMH [Older People's Mental Health] beds are occupied or it is not appropriate for reasons of gender or age-appropriateness to use any remaining beds and

- Boarding of a more stable patient into other available beds is not possible and*
- The person is not suitable to be admitted to IPCU [Intensive Psychiatric Care Unit] and*
- The person is risk assessed as being safe to use a contingency bed.*

Question:

4. If there were no beds/spaces available for voluntary and/or compulsory admission for adult patients struggling with psychiatric health from 27 March to 01 April 2019, what other services/assistance/monitoring would be offered to the patient?

Answer:

If an admission is deemed necessary and consideration has been made to alternative to admission such as IHTT (Intensive Home Treatment team) there will be consideration given to seeking an out of area bed. The Patient Coordinator will contact other psychiatric hospitals in Scotland in order of distance from Edinburgh. Once an available bed has been identified, a consultant to consultant referral would be made, which can be done both in hours, and out of hours using the consultant on-call team. Following consultant agreement, a full physical assessment and risk assessment would be done, both in and out of hours, before the transfer. All relevant clinical information would be shared with the admitting ward.

Question:

5. How would requests for in-patient psychiatric care be prioritised from 27 March to 01 April 2019?

Answer:

The following is an extract from the admissions policy:

2.0 Gate-keeping

Gate-keeping refers to screening all possible hospital admissions and is one of the primary functions of the respective Intensive Home Treatment Teams (IHTTs) for Edinburgh, East Lothian and Midlothian. If patients are being admitted to hospital without the knowledge or involvement of the relevant IHTT, this will limit the teams' effectiveness and will impact on the wider service through potentially inappropriate admissions.

Referrals for all patients being considered for psychiatric admission should be made via the appropriate IHTT who will then assess for intensive home treatment suitability as an alternative. In a few cases, the need for hospital admission may be clearly indicated, however, the decision to admit must still be discussed with IHTT given their gate-keeping function. The decision not to accept for home treatment must be clearly documented within the patient's TRAK [electronic patient management system] record along with the rationale for that decision.

The Patient Coordinator Senior Charge Nurse / Coordinating Charge Nurse (CCN) will not accept requests for admission unless the locality IHTT has been notified of the need for a hospital bed.

In the case of Mental Health (Care and Treatment) (Scotland) Act 2003 assessments, professionals are encouraged to contact the IHTTs at the point of assessment to discuss options for intensive home treatment unless transfer into psychiatric care is not being considered.

In the case of a completed Mental Health Act assessment, where admission to REH [Royal Edinburgh Hospital] is the result IHTT must always be informed.

Although each IHTT will identify an appropriate bed with the help of the Patient Coordinator (or CCN out of hours), professionals involved in the detention will liaise directly with ward staff to arrange admission and to provide necessary clinical information about the detained person.

'Lothian Psychiatric Emergency Plan' provides further guidance on the procedures, roles and responsibilities of each of the services involved in assessment and admission under emergency and 'breach' conditions of the mental health act.

Question:

6. What factors would be considered in prioritising a patient for in-patient psychiatric care from 27 March to 01 April 2019?

Answer:

The following is an extract from the admissions policy:

Prior to any requests for a bed, the expectation is that all alternatives to hospital admission have been extensively and timeously explored within the community setting including referral to the Intensive Home Treatment Teams (IHTTs) in Edinburgh, East Lothian and Midlothian who act as gatekeepers to the acute wards at the REB [Royal Edinburgh Building]. The in-patient service recognises that in any consideration of bed management, priority must be given to persons who are subject to, or are being assessed under the Mental Health Act where no delay is possible.

3.0 Admission Criteria

Adult acute beds in REB [Royal Edinburgh Hospital] are for individuals:

- Aged 18 to 64 (People aged 65+ will be considered where they are currently engaged with an adult community mental health team).*
- Who are registered with a GP within the City of Edinburgh, East Lothian or Midlothian or have a residential address in these areas but is not currently registered with a local GP.*
- Who are not resident or registered with a GP within Edinburgh, East Lothian or Midlothian but experiencing acute mental distress/crisis whilst visiting the area from another part of the country or from overseas.*

The purpose of admission should be articulated by the referrer to inform the decision to admit to hospital and will be considered when the person is likely to have a mental disorder AND one or more of the following:

- Changes in mental state that impact on the person's insight and capacity to stay safe or follow a treatment plan*
- Escalation of risks that cannot be managed safely in the community*
- Require 24 hour nursing care and intervention*
- Require comprehensive inpatient assessment to determine diagnosis and management / treatment plan*
- Require inpatient ECT*
- Require medication initiation / titration that cannot be managed safely in the community*
- Have a Care Management plan for short term arranged admission*

Patients will not normally be admitted solely due to breakdown of care packages. If admission is sought for such patients it should be noted in advance by CMHTs [Community Mental Health Teams] / social work teams and discussed in hours with the Clinical Service Manager / General Manager, who will contact HSCP [Health and Social Care Partnership] managers to consider alternatives to admission.

Question:

7. Would patients living in your health board catchment area be prioritised over patients living outwith the catchment area from 27 March to 01 April 2019?

Answer:

Requests for access acute adult mental health inpatient beds may be made by other non NHS Lothian health boards when their local hospital has no available beds. At least 3 empty beds will be held for Lothian admissions but referrals from other health boards can be accepted when more beds are free.

Question:

8. How many Consultant Psychiatrists were working and available in each facility within your health board catchment area to consider admissions on each day from 27 March to 01 April 2019?

Answer:

Duty rosters from this period are no longer held for all mental health facilities across NHS Lothian and so we are unable to give the actual number of consultant psychiatrists on duty on these dates. Overall, in hours there are 101 consultant psychiatrists across all services and all consider admissions to their service as required as part of their role. Each service operates a leave approval system which ensures that there is always a consultant available to the service in hours. Out of hours there are 6 consultants on call across the different specialties in NHS Lothian.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the reviewer at the address at the top of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhslothian.scot/FOI>

Yours sincerely

ALISON MACDONALD
Executive Director of Nursing Midwifery and AHPs
Cc: Chief Executive