



Whole Person Care in Liaison Psychiatry: An Evaluation of an Integrated COPD Pathway

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Introduction:

The estimated number of people with Chronic Obstructive Pulmonary Disease (COPD) in England is set to increase to 1.3m (2030) with an estimated annual number of deaths to increase to 129,400 within the same time frame. This results in an increasing cost to the NHS. Up to 55% of persons with COPD will also suffer with Anxiety or Depression decreasing quality of life and functioning. Reports suggest that following an admission to hospital, readmission will occur within one year at a rate of 60% with anxiety as a risk factor. It has been shown that through addressing anxiety and an individual's perception of their illness that outcomes can be improved.

What we planned:

Sunderland Psychiatric Liaison Team (SPLT) delivers a range of assessment and specialist intervention pathways for persons attending for general medical care at Sunderland Royal Hospital. A number of referrals are for treatment of comorbid mental illness in persons with COPD. SPLT aimed to deliver effective outpatient care in the community to improve mental health outcomes and reduce the overall burden the general hospital.

How we did it:

Referrals to the clinic were made by mental health nurses, specialist COPD nurses and inpatient ward staff. Each person underwent psychiatric assessment and then was reviewed in clinic or at home. Interventions included psychoeducation, solution focused and CBT- based psychotherapy delivered by support workers and nurses. Medication was used as appropriate under the supervision of a Consultant Psychiatrist. Symptoms at the beginning and end of treatment, A&E attendance, inpatient admissions and total occupied bed days were recorded.

What we found (the science bit):

22 Females and 11 Males averaged 6.6 contacts (when excluding individual assessments). Intervention resulted in a reduction of patient attendance to the Emergency Department of Sunderland Royal Hospital (M = -0.8, Z = -2.2, p < 0.05). The intervention also resulted in a reduction in number of inpatient admissions within 12 months (M = -0.8, Z = 2.6 p < 0.01). Furthermore intervention resulted in a reduction in number of inpatient bed days (M = -5.6, Z = -2.6 p < 0.01). Finally patients mean PHQ-9, CORE-10 and GAD-7 scores were also reduced post treatment (all p < 0.01, see table).

33% Reduction in Emergency Department Attendances

43% Reduction in Inpatient Admissions

41% Reduction in total Bed Days

Core 10: Average score reduced from Moderate to Mild
GAD-7: Average score reduced from Moderate to Mild
PHQ-9: Average score reduced from Moderately Severe to Mild

Mean Outcome Measure Scores					
CORE-10		GAD-7		PHQ-9	
Pre	Post	Pre	Post	Pre	Post
18.6	9.2	12.5	5.9	14.7	6.6

What this means:

Results demonstrated that using a psychiatric approach in treating anxiety and depression in persons with COPD can reduce the burden to Sunderland Royal Hospital. This was shown by a reduction in the number of presentations to the emergency department, inpatient admissions and total bed days. It would be beneficial to explore the associated cost savings for the hospital. Psychiatric treatment also resulted in a reduction in depression and anxiety.

Why we are proud of this work:

Service Users are often frustrated with repeated admissions and the added difficulty mental health problems can impose. By exploring new ways of working together across disciplines we can hopefully improve lives and provide hope for a better quality of life. It also means reduced waiting times for treatment within a community setting. Since completion of the study the outpatient COPD clinic has evolved into a Long Term Conditions clinic now including the treatment of psychiatric disorders in persons with other chronic conditions such as stroke and cardiac complaints. The clinic has also expanded with the introduction of a clinical lead, a full time community support worker and additional part time nursing staff.



Celebrating 70 Years of Progress in
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