

NHS Tayside CAMHS and Dundee City GP Cluster

Development of a Young People's Liaison Service within a GP Cluster - Insights and Recommendations

In this case study NHS Tayside CAMHS Service and Dundee City GP Cluster worked together to develop and test a Young Persons Liaison Service (YPLS) with the aim of referring or signposting children and young people to the most suitable staged approach intervention.

Background

Dundee GP cluster leads highlighted difficulties in the referral pathway to CAMHS. There were a number of referrals not accepted into specialist CAMHS and GPs said that they often felt pressure to make referrals. They approached CAMHS for advice on appropriate referrals and signposting or information about third sector services that may be able to provide more appropriate support to children and young people. From this, the CAMHS team agreed to test a weekly clinic, held at within a local GP practices.

“ The YPLS service has created a valuable link between the GP and CAMHS. Previously GPs felt frustrated with the lack of support for young people with mental health issues or simply we didn't have the time or know where to find the help quickly. GPs now have a good list of local services that they can signpost young people to and if that fails, we can refer to the YPLS for a more comprehensive assessment and feedback. My referrals to CAMHS have reduced and I feel I can help young people and their families at the point of need.

GP

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Aim



The aim of the project was to reduce the number of referrals that were not accepted by CAMHS. It was hoped that this would offer timely support and guidance to children, young people and their families and ensure people were referred to the most appropriate pathway to meet their needs.

It was anticipated this work would also support GPs to refer or signpost children and young people to the most suitable staged approach intervention, including the third sector and self help resources, by reviewing GP referrals and providing appropriate feedback on the content and information needed.

First steps



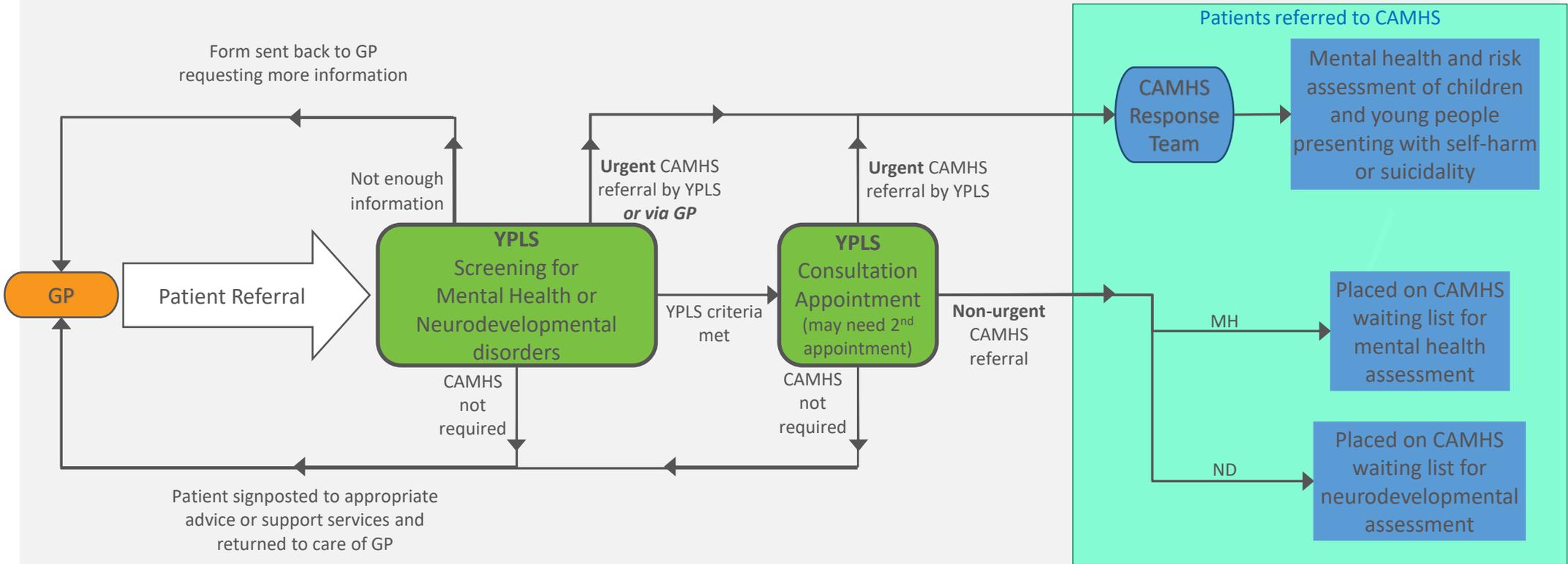
The CAMHS Team in conjunction with 2 GP Cluster Leads from Dundee City (which involved 7 practices) developed and agreed to test a weekly clinic led by an experienced CAMHS nurse. There were plans to hold clinics at alternating GP practices fortnightly however, due to COVID this was changed to weekly clinics at 1 practice then telephone consultations. GPs could refer directly to the YPLS nurse for advice, support and feedback. The role of the YPLS nurse was to ensure the most age and clinically appropriate intervention was accessed in a timely manner by:

- screening liaison referrals and provide feedback to GPs
- providing signposting
- carrying out consultation work with families to ensure age and clinically appropriate intervention is accessed in a timely manner.

It was expected these consultations would be face to face however, due to the onset of COVID-19 face to face consultation had to cease and all liaison was carried out by telephone appointment.

Pathway Development

A pathway for referrals to the YPLS nurse clinic was developed and tested.



Impact of this work

In an eight month period there were 43 referrals to YPLS from all seven practices. However due to COVID-19 these figures may not present a true reflection of numbers that may have been received during this data collection period.

Only one person needed more than two appointments and the referrals were spread across all ages from 5-17.

Referrals to Young Peoples Liaison Service

Out of 43 GP referrals to YPLS, only two were rejected as being unsuitable, one because they were already on the CAMHS waiting list, and the other because they were over the age criteria. The referral rate ranged from 0.2 to 2.7 people per 1,000 practice population.

Two thirds of people accepted for the YPLS process were female (27 of 41). The males who were referred to YPLS tended to be younger, and there were more teenage girls than boys.

Figure 1

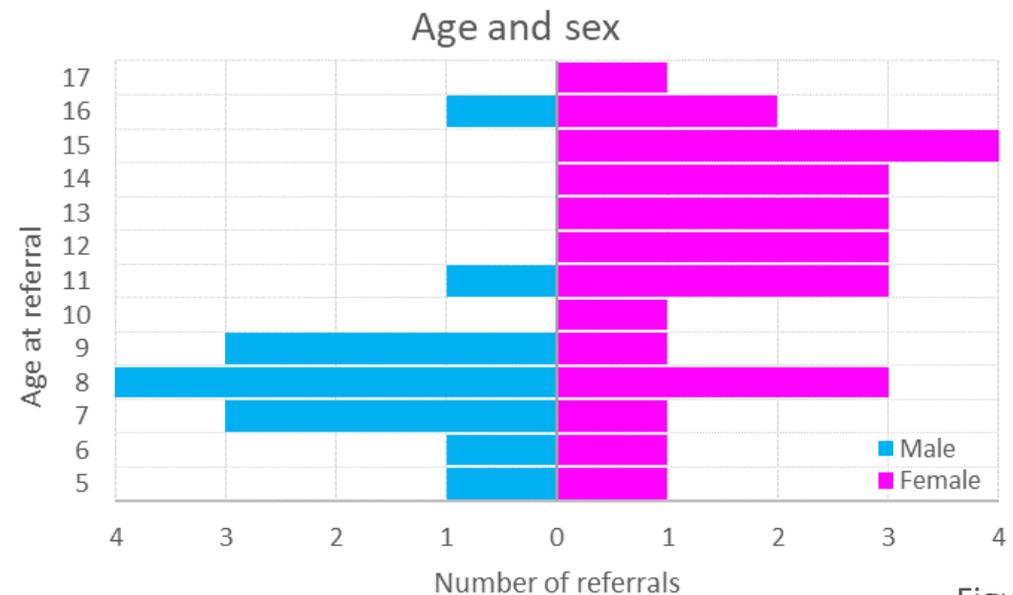


Figure 1

Initial concerns identified

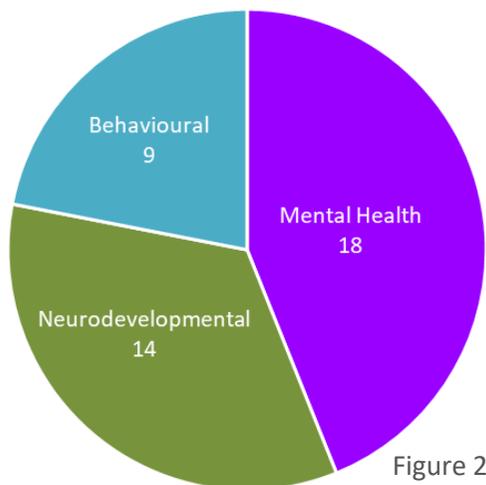


Figure 2

Initial concerns identified

For the 41 accepted YPLS referrals, following initial screening, 18 people were identified as requiring input and assessment from the mental health service. A further fourteen had suspected neurodevelopmental concerns and nine were identified as requiring support in relation to behavioural concerns (figure 2).

Outcome of the YPLS process

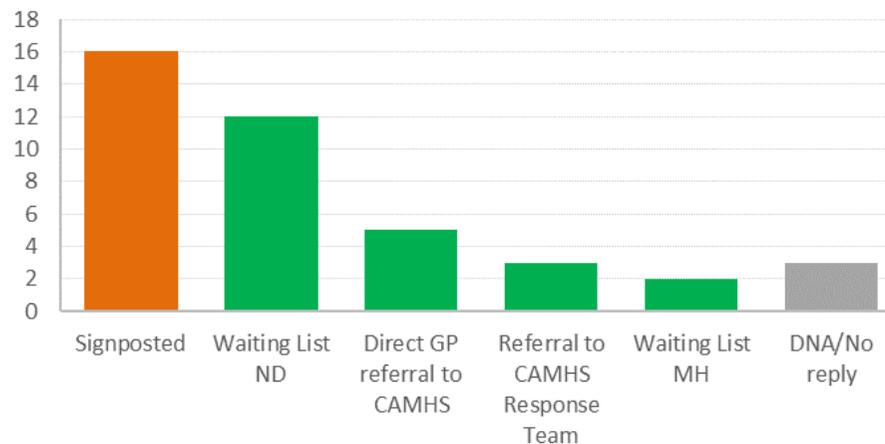


Figure 3

Outcome of YPLS Process

A little over half of children and young people (22 of 41) were deemed suitable for onward referral to CAMHS (figure 3).

17 of these referrals were made directly by YPLS, and a further 5 of the referrals, the GP was advised to continue with the referral themselves following a review by the YPLS nurse and agreement that these were appropriate.

Of those patients referred to CAMHS, 12 went on the neurodevelopmental waiting list, 2 on the mental health waiting list, and 3 were referred to the Crisis Response Team (CRT) for urgent support and input.

16 did not require specialist input or referral to CAMHS (figure 4, orange), but were instead signposted to appropriate guidance and support services. This advice and signposting was offered at the YPLS consultation in a timely way.

Three people did not reply to contact or did not attend appointments.

Impact

Nine children and young people had a different outcome as a result of the YPLS process. A total of eight children and young people would have been referred to CAMHS by GPs, but instead, were offered signposting and support from the YPLS nurse.

This saved time for both GPs and young people and their families. It also reduced referrals to the CAMHS team. One person would not have been referred to CAMHS by the GP, but the YPLS nurse did feel a referral was appropriate. This person might otherwise not have received the appropriate help. (DNAs were excluded from this analysis) (Figure 4).

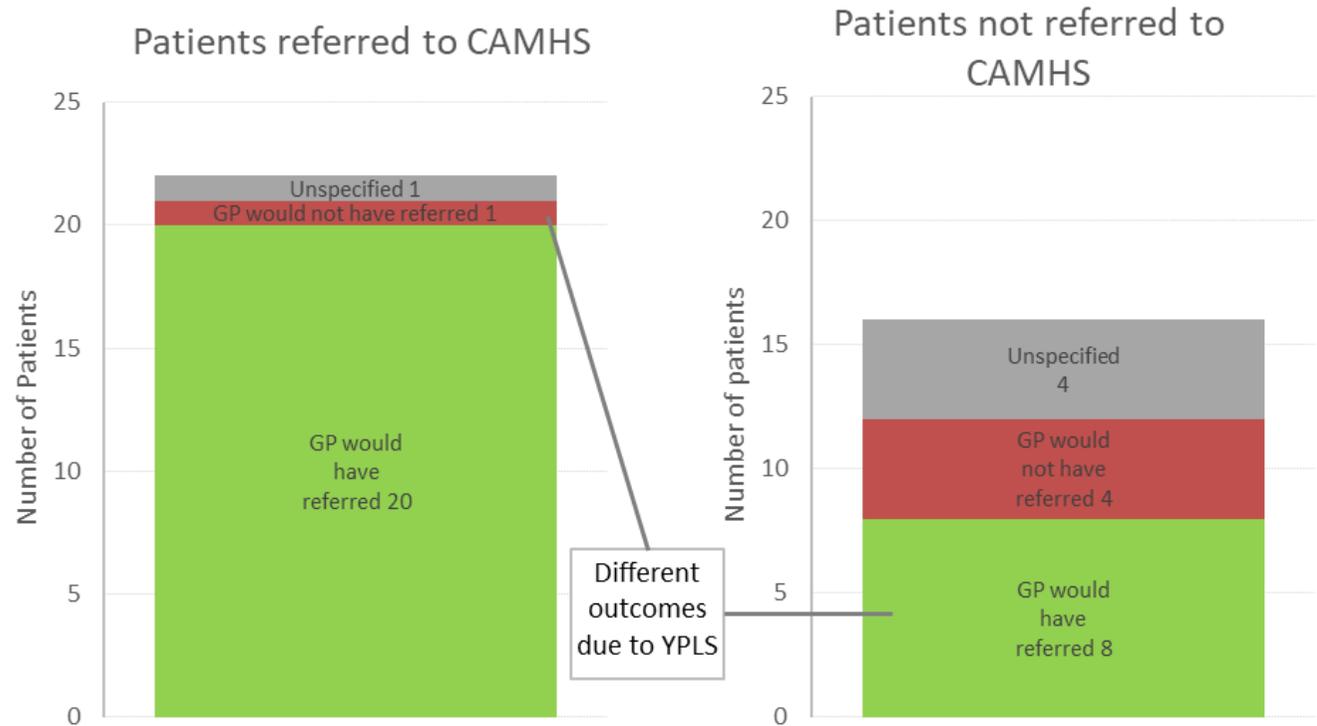


Figure 4

Lessons learned and next steps

Initial data indicates that the YPLS has supported children and young people to be signposted to the most appropriate pathway for 1st stage non-specialist intervention. There are indications that this has reduced the demand on CAMHS, and direct referrals to CAMHS from the YPLS has also removed the need for people and families to be seen for an initial treatment appointment in CAMHS. This has the potential to improve efficiency of services and experiences for families. Feedback from the GPs has been generally positive with them being satisfied by the service they have received, however they would like more signposting or first line treatment resources possibly in the form of a directory.

There are plans to spread this service to a further GP cluster with 2 practices, using existing resources for YPLS. The use of telephone consultations appears to work well and this will continue, with the use of Near Me video-consultation or face to face appointments used if needed. A critical next step is ensuring the views of children, young people and their families using the service will be sought to understand their experience of the services. This will provide further data to understand the impact and use of the YPLS model in different settings and inform decisions about where further improvements may be needed.