







The Yorkshire Centre for
Psychological Medicine

Annual Report

2011/12

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Introduction

The Yorkshire Centre for Psychological Medicine (YCPM) delivers biopsychosocial care for people with complex medically unexplained symptoms and physical / psychological co-morbidities. The YCPM is an eight bed specialist in-patient unit which was originally established at Leeds General Infirmary in 1980. It is a unique service which has a history over many years of delivering services within Leeds and West Yorkshire. Four of the beds (50%) are funded for Leeds patients, and the remaining bed resource allows the unit to offer access to patients from across the UK.

The YCPM is part of the wider Liaison Psychiatry service in Leeds. This is the sub-speciality concerned with clinical service, teaching and research in the general hospital setting. It aims to provide healthcare professionals in general hospitals, primary care and secondary care with defined access to a specialist multidisciplinary team, for the care of patients presenting with psychological as well as physical problems.

The YCPM aims to help people with complex difficulties make significant improvements with regard to their health and quality of life. Clinical outcomes, even in a range of very chronic and complex cases, are often very good and patient feedback very positive. This is possible due to the nature of the YCPM Unit and its function within the general hospital setting, but also due to the depth of experience and breadth of expertise within the team.

Research activity within the service is facilitated by close links with the Institute of Health Sciences at the University of Leeds.

The YCPM is part of the Leeds and York Partnership NHS Foundation Trust. Everything we do accords with NHS values and our stated Trust purpose of improving health and improving lives.

This is the third YCPM Annual Report. The intention is to continue to produce these in order to summarise the function, activity and performance of the unit as it continues to develop.

Purpose

The YCPM team specialises in helping people with the following types of problems:

- 1) Chronic and/or complex and/or severe medically unexplained symptoms and somatisation (psychologically-based physical symptoms and syndromes).
- 2) Severe physical and psychological/psychiatric comorbidity:
 - a) in people who are already general hospital in-patients but who have psychological needs at a level that cannot be effectively met on a general medical or surgical unit.
 - b) in people in other services or the community who could benefit from focussed multidisciplinary treatment provided in an in-patient setting.
- 3) Patients with severe Chronic Fatigue Syndrome (CFS/ME).
(We provide the in-patient component of the Leeds and West Yorkshire CFS/ME Service).

The YCPM is staffed by a multidisciplinary team, with the following elements:

Liaison psychiatry

Nursing

Occupational therapy

Physiotherapy

Dietetics

Pharmacy

Administration

The unit benefits from staff with dual (general/physical in addition to mental health) training, and others trained in cognitive behavioural and psychodynamic psychotherapeutic approaches.

The Unit also has direct access to the following personnel:

Cognitive behavioural therapists

Psychosexual therapists

Outpatient CFS/ME team

Hospital mental health team

The YCPM provides a biopsychosocial approach to assessing and treating the full range of patients' problems. The expertise of the team has been developed over many years and the YCPM exists within the broader liaison psychiatry service provided by Leeds Partnerships NHS Foundation Trust.

Treatment Approaches

Patients referred to the YCPM will be contacted to discuss the aims of the admission and to answer any questions regarding treatment approaches, length of stay, housekeeping arrangements, etc. A key individual will keep contact with the patient about the proposed admission date. The first meeting may be an assessment in hospital or at home, or a visit to the unit. This usefully facilitates meeting key individuals from the team and an appreciation of the location of the unit in the general hospital.

On admission, and in the first week, the various members of the MDT will meet the patient and carry out specific assessments. These are then shared with the patient and at the weekly MDT meeting. The care planning process is designed to encompass physical, psychological and social health needs. Care plans are designed by the team in collaboration with the patient.

Physical (for example)

Physical monitoring - liaison with and input from medical/surgical teams within the general hospital.

Any required physical treatments to improve health.

Programmes to improve physical functioning – Occupational Therapist and Physiotherapist interventions.

Graded activity programmes - particularly in relation to fatigue.

Pharmacological treatments.

Psychological (for example)

'Living with pain', 'Living with anxiety' and 'Living with illness' are all packages of care available to each patient delivered on an individual basis. Patients may also then be referred on to the particular groups focussing on this work.

Programmes to deal with particular fears and anxieties (graded exposure)

Individual sessions with key members of the multidisciplinary team - focus on particular areas of the psychological care plan - working with ambivalence / motivation / symptom management and symptom reattribution, etc.

Cognitive behavioural and psychodynamic psychotherapy approaches.

Family members and carers are offered support and can be included in discussions around clinical care, with agreement and consent from the patient concerned.

Social (for example)

Specific social needs are assessed in relation to the patient's home and community situation. The unit is essentially a social space and patients are encouraged to talk to and engage with each other in the experience of being in hospital. To this end there are various groups and activities which enable the social environment to work therapeutically.

Groups

The unit provides a group treatment programme with psychotherapeutic, educational, and activity based groups

Risk management

Formal risk assessments are carried out regularly with all patients. Risk management plans are reviewed at all MDT meetings and inform planned interventions, including observation procedures and individual and group therapies.

Environment

The unit is in the centre of Leeds with excellent rail, road and public transport links and parking facilities. This facilitates admission and visiting but also means the unit is ideally placed to help patients re-engage in normal activities in the wider community as and when appropriate.

The eight bedrooms all have:

- An electric profiling bed
- Vanity suite
- Wardrobe
- Bedside table
- Curtains and blind
- Armchair
- Privacy/observation window
- Extra wide 2 way opening doors
- Assistance call facilities

In addition the Unit provides

- One assisted bathroom
- One independent bathroom
- One level access shower room
(each with assistance call facility)
- Laundry Room
- Patient telephone

The YCPM is based at Leeds General Infirmary. Although this is a general hospital setting, the environment on the YCPM is specifically designed to provide a therapeutic environment for patients with mixed physical and psychological/psychiatric difficulties.

The unit provides a comfortable environment with communal areas where patients have the opportunity to socialise with peers but also have their own individual bedrooms. Patients have the use of two lounges which provide televisions, DVDs, music and other group and therapeutic activities.

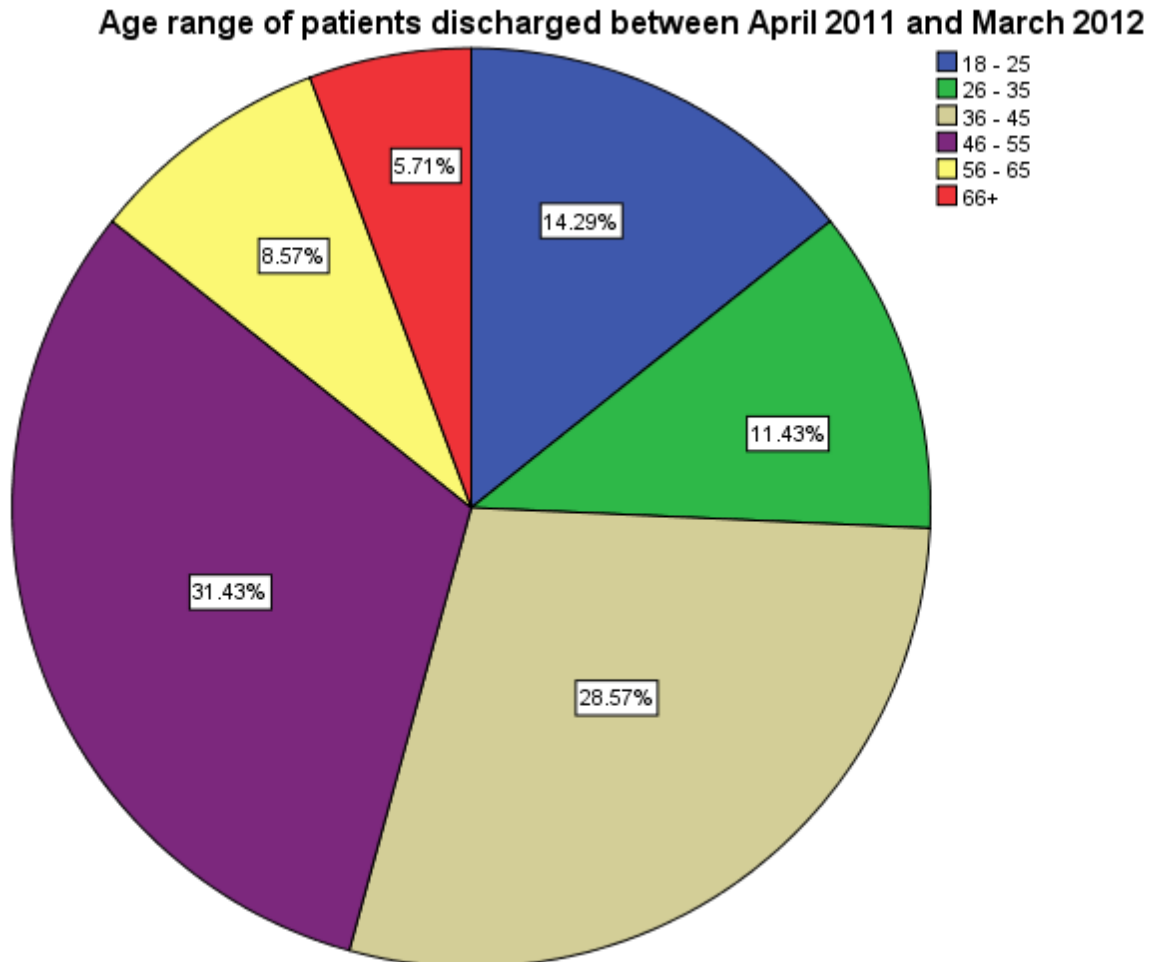
The conservatory and balcony areas enable patients to spend time with their fellow patients and with their visitors in a relaxing environment.

Performance 2011-12

Activity

Inpatient Treatment

Data for all patients discharged from the YCPM between 1st April 2011 and 31st March 2012 were included in this report. In total **35** patients were discharged during this period.



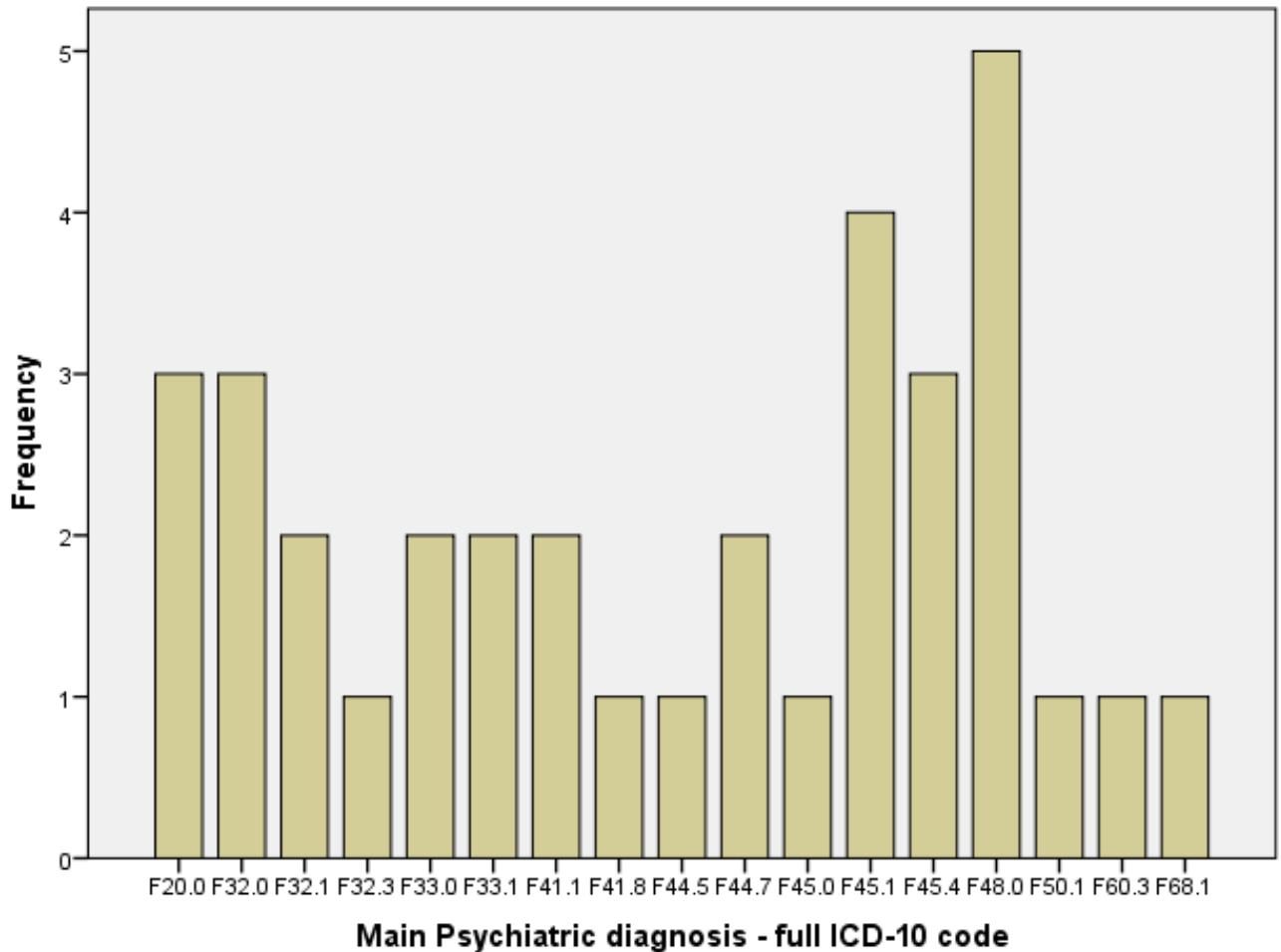
Female:Male ratio = 3:1

As mentioned earlier in this report, the YCPM team specialises in helping people with three main types of presentation:

- Chronic and/or complex and/or severe medically unexplained symptoms and somatisation (psychologically-based physical symptoms and syndromes).
- Severe physical and psychological/psychiatric comorbidity.
- Patients with severe CFS/ME.

It is also important to note that patients admitted to the unit may present with a broad range of conditions satisfying the criteria for various psychological or psychiatric diagnoses.

For the period of this report, this range of diagnoses was as shown below:



Diagnoses:

F20.0 = Paranoid schizophrenia

F32.0 = Mild depressive episode

F32.1 = Moderate depressive episode

F32.3 = Severe depressive episode with psychotic symptoms

F33.0 = Recurrent depressive disorder, current episode mild

F33.1 = Recurrent depressive disorder, current episode moderate

F41.1 = Generalized anxiety disorder

F41.8 = Other specified anxiety disorders

F44.5 = Dissociative convulsions

F44.7 = Mixed dissociative (conversion) disorders

F45.0 = Somatization disorder

F45.1 = Undifferentiated somatoform disorder

F45.4 = Persistent somatoform pain disorder

F48.0 = Neurasthenia / CFS/ME

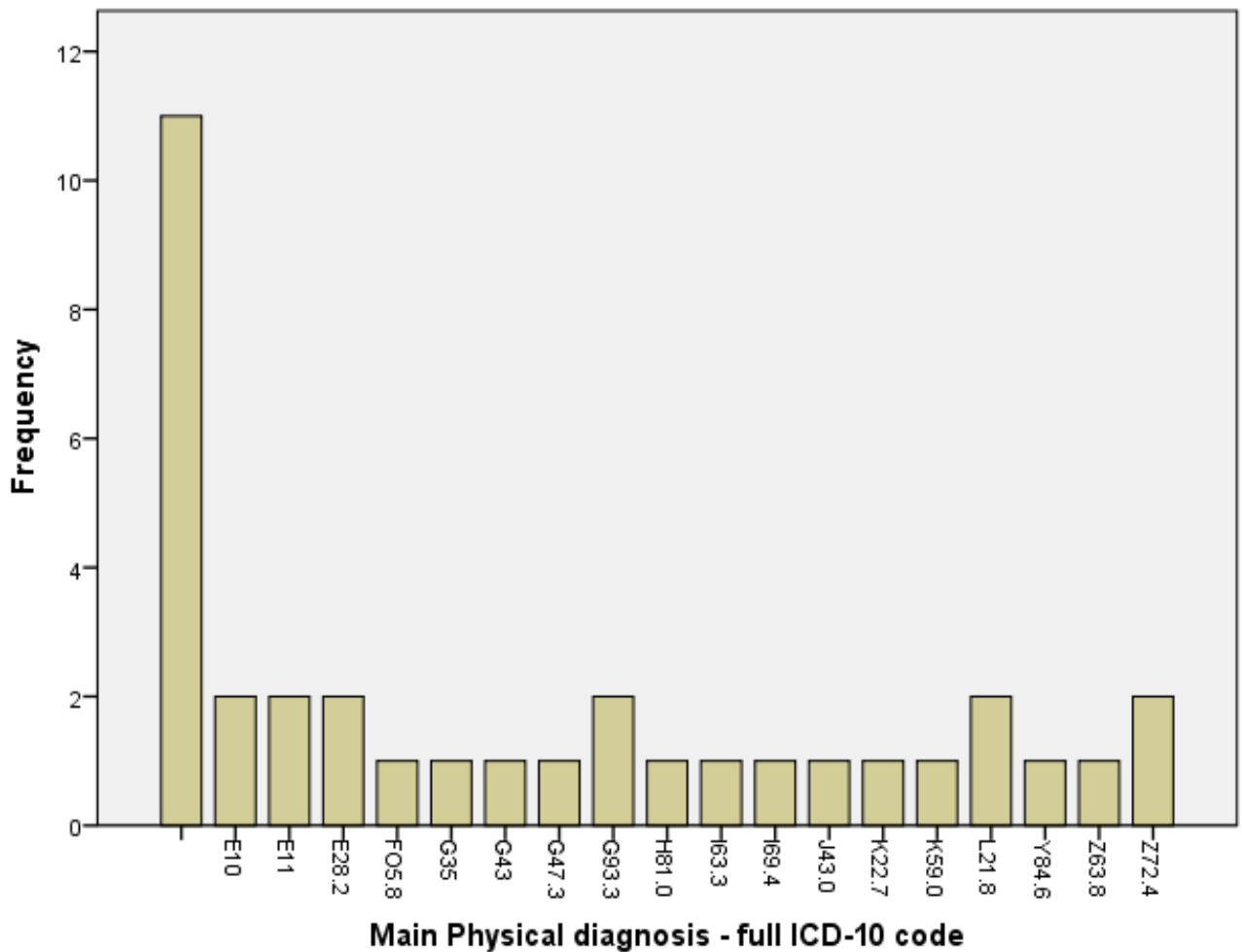
F50.1 = Atypical anorexia nervosa

F60.3 = Emotionally unstable personality disorder

F68.1 = Factitious disorder (intentional production or feigning of symptoms or disabilities)

Similarly, patients admitted to the unit tend to present with a broad range of other / comorbid physical health diagnoses.

For the period of this report, these diagnoses are as shown below:



Diagnoses:

Nil = no organic pathology / no physical diagnosis

E10 = Type 1 diabetes mellitus

E11 = Type 2 diabetes mellitus

E28.2 = Polycystic ovarian syndrome

F05.8 = Delirium, mixed

G35 = Multiple sclerosis

G43 = Migraine

G47.3 = Sleep apnoea

G93.3 = Postviral fatigue syndrome

H81.0 = Meniere's disease

I63.3 = Cerebral infarction due to thrombosis of cerebral arteries

I69.4 = Sequelae of stroke

J43.0 = Unilateral pulmonary emphysema [MacLeod's syndrome]

K22.7 = Barrett's oesophagus

K59.0 = Constipation

L21.8 = Seborrhoeic dermatitis

Y84.6 = Urinary catheterization

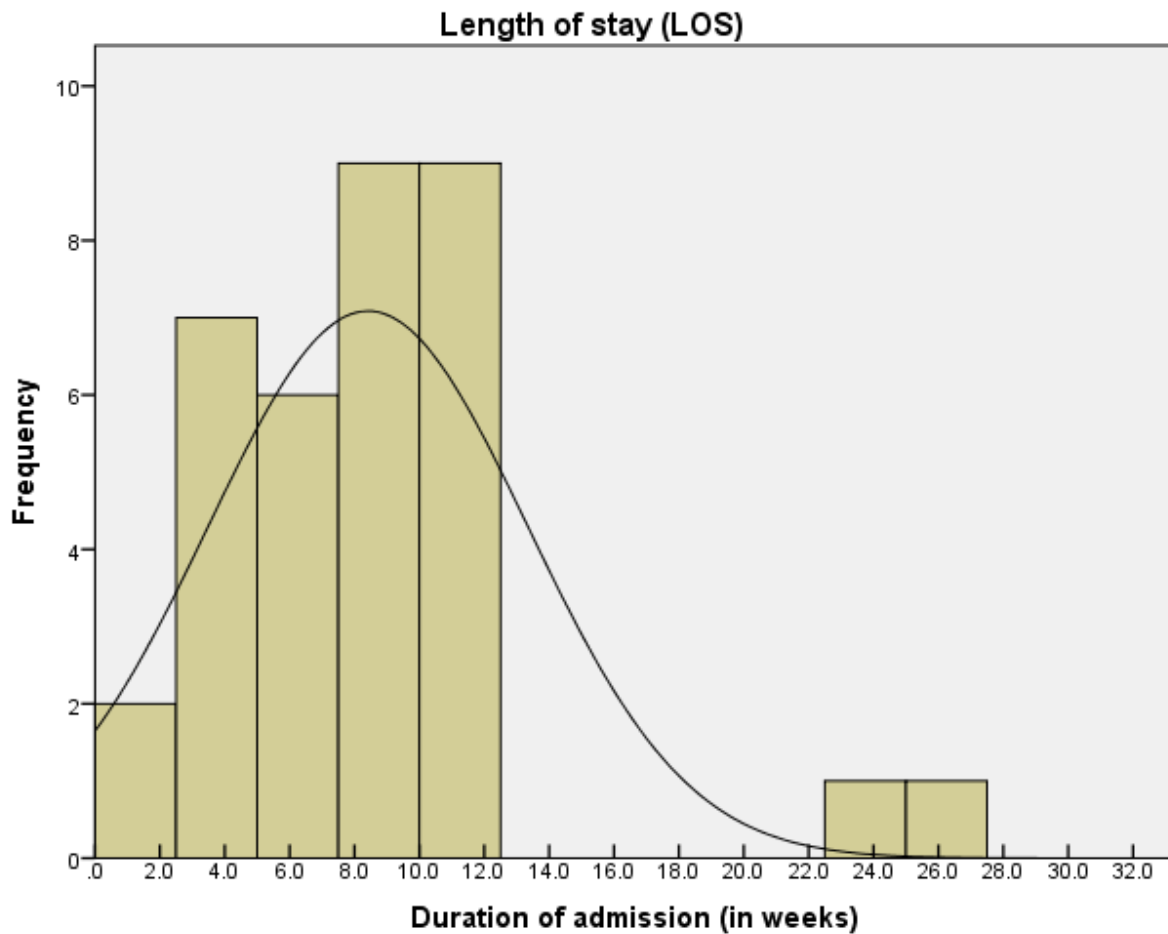
Z63.8 = Other specified problems related to primary support group

Z72.4 = Inappropriate diet and eating habits

NOTE: for ease of presentation and interpretation the tables above only show the MAIN psychiatric and physical diagnoses for each person – many patients admitted to the YCPM have multiple psychiatric and multiple physical diagnoses as comorbid presentations.

The result of all of this is that many patients being cared for by the YCPM service are suffering with very complex presentations, involving combinations of multiple physical and psychological symptoms and conditions.

Length of stay, April 2011 – March 2012



The figure above shows the length of stay in weeks for patients discharged from April 2011 to March 2012.

Whole group:

The duration of admission ranged from 2.1 to 25 weeks, with a whole group average of 8.4 weeks.

80:20 split:

For the 20% of patients with the longest length of stay, duration ranged from 10.1 to 25 weeks, with an average of 14.8 weeks.

For the remaining 80% of patients the duration ranged from 2.1 to 10 weeks, with an average of 4.4 weeks.

Clinical Outcome Measures

The YCPM provides a unique service for the broad range of people suffering with severe and complex MUS. Outcome measurement takes place routinely, providing evidence of clinical effectiveness in what is a highly selected group of very complex cases. Many of these cases have previously been found to be intractable or untreatable by other services, hence the referral to the YCPM. In the context of the severe and complex nature of these cases and the difficult nature of this work the outcome figures are good.

Outcome measures currently in use:

1. Clinical Global Impression (CGI)

The proportions of patients showing **improvement** on the CGI are:

- **81%** in 2009/10

(Major improvement 22%, Moderate improvement 34%, Minor improvement 25%)

- **90%** in 2010/11

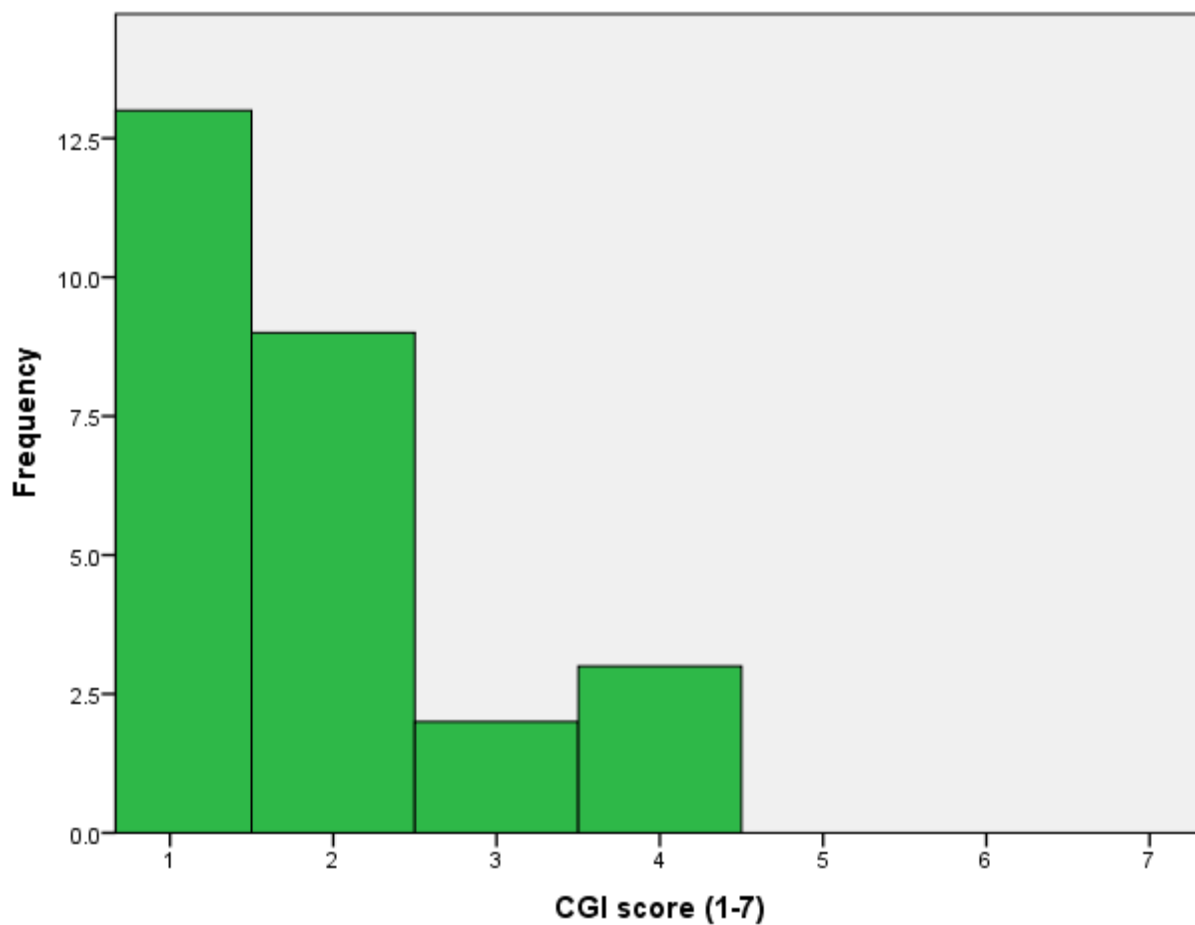
(Major improvement 33%, Moderate improvement 33%, Minor improvement 24%)

- **89%** in 2011/12

(Major improvement 48%, Moderate improvement 33%, Minor improvement 7%)

Of the 35 patients discharged in the 2011/12 period, Clinical Global Improvement ratings were carried out for 27, with 8 patients being admitted for assessment only.

As shown in the chart below, 22 of the 27 patients (over 81%), in a highly selected group with severe and complex presentations, scored at either Moderate or Major improvement on the CGI Scale.



Key:

1 = Major improvement

2 = Moderate improvement

3 = Minor Improvement

4 = No change

5 = Minor deterioration

6 = Moderate deterioration

7 = Major deterioration

2. CORE-OM

The CORE-OM is a self-report questionnaire which, in essence, measures patients' level of psychological distress. It consists of 34 questions that cover 4 dimensions:

- subjective well-being
- problems/symptoms
- life functioning
- risk/harm

Patients are asked to respond based on how they have been feeling over the last week, using a 5 point scale ranging from 'not at all' to 'most or all of the time'. The responses are then averaged to obtain a mean score to determine the patient's level of current global psychological distress, which can be rated on a continuum from 'healthy' to 'severe'. At the YCPM the questionnaire is administered on admission and then at discharge to provide a comparison of the pre- and post-treatment scores as a measure of outcome.

Patients who are admitted only for a period of assessment or with a very short duration of admission (no more than 2 weeks), are not asked to complete a CORE-OM questionnaire on discharge.

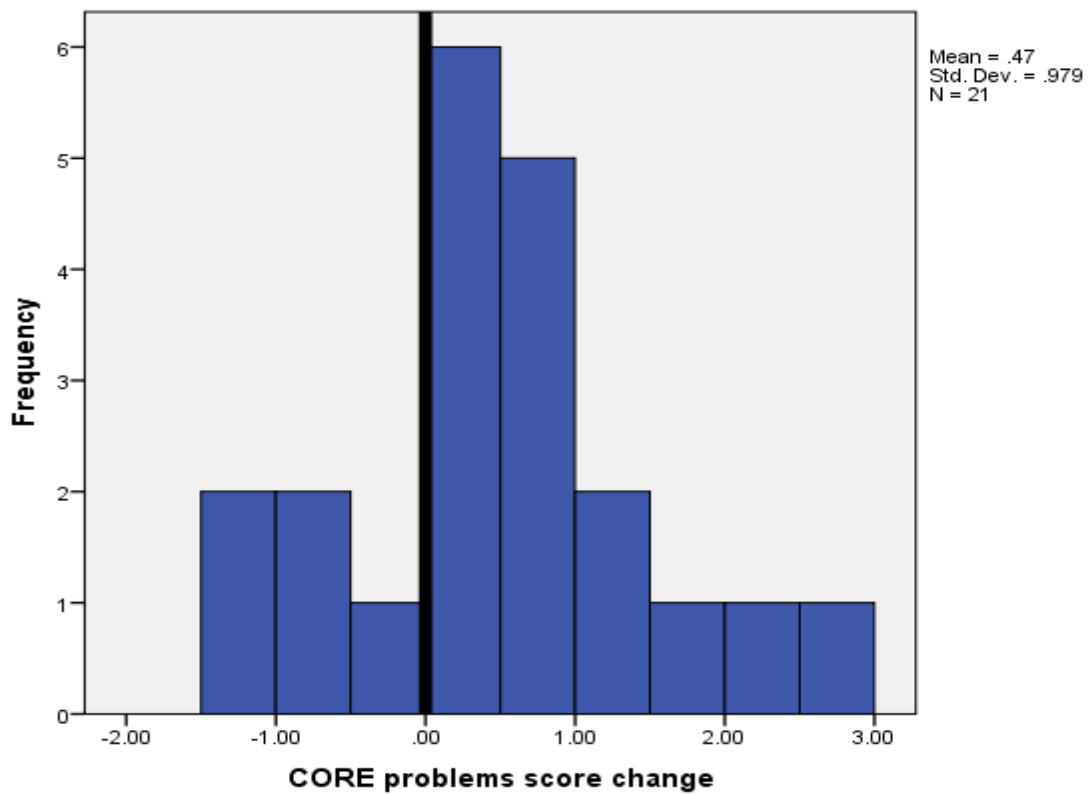
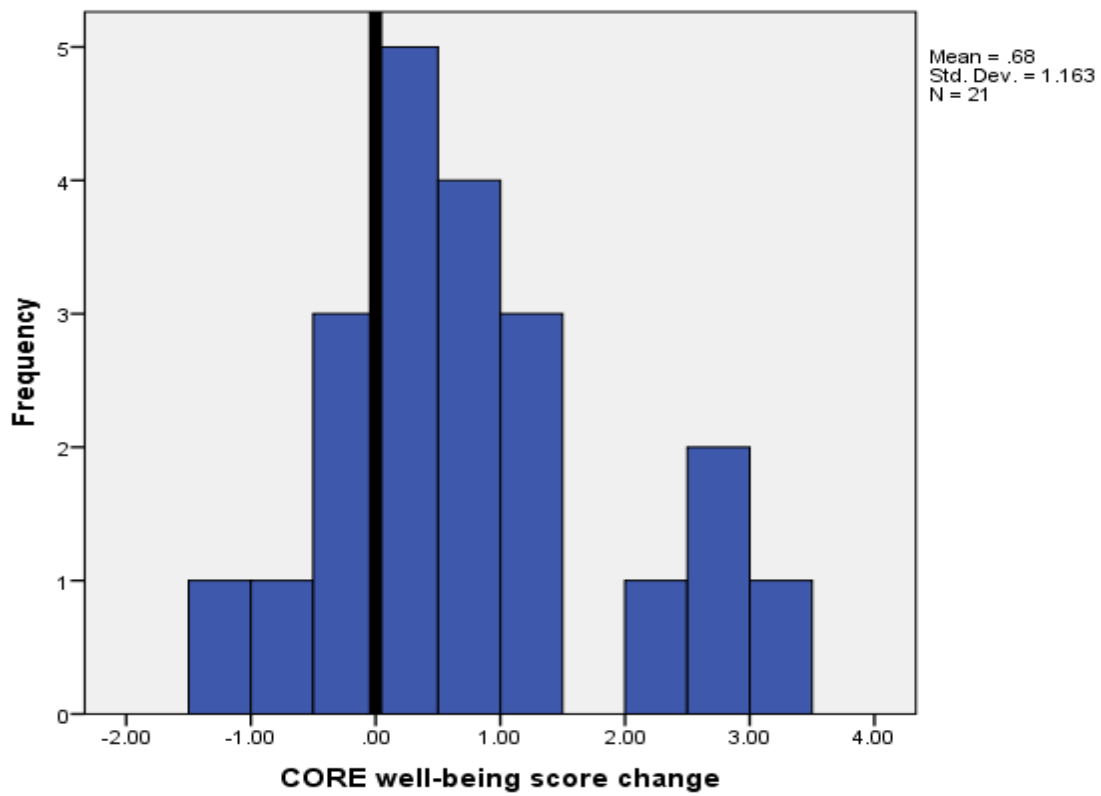
April 2011 – March 2012

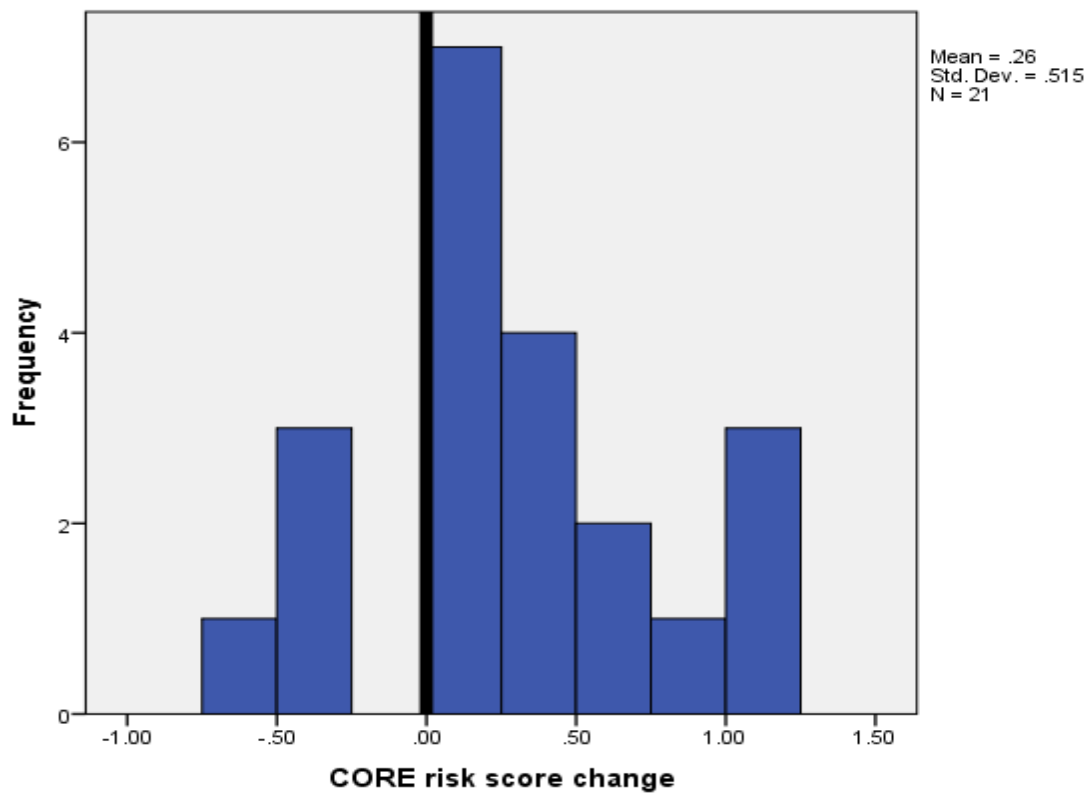
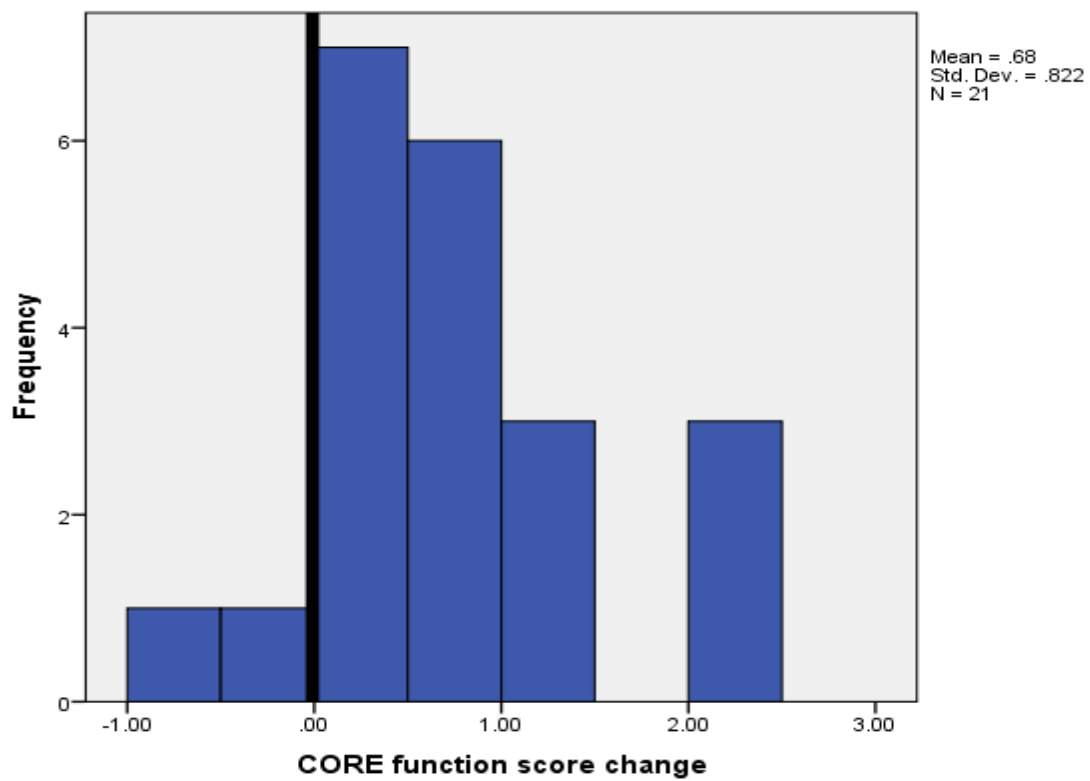
Wellbeing subscale	76.2% improved
Problems subscale	76.2% improved
Functioning subscale	90.5 % improved
Risk subscale	81.0% improved
Total CORE scores	76.2% improved

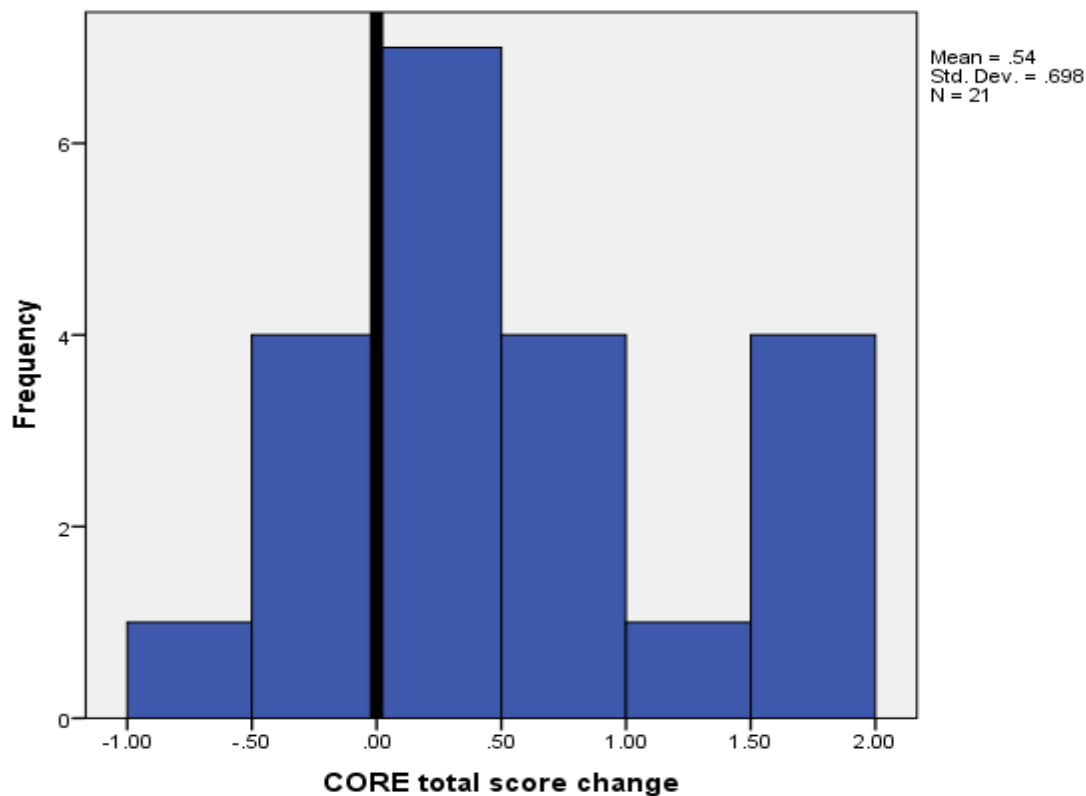
Mean CORE scores	Admission	Discharge
Wellbeing subscale	2.39	1.73
Problems subscale	2.25	1.79
Functioning subscale	2.03	1.42
Risk subscale	0.66	0.41
Total CORE scores	1.91	1.41

Data gathered on the CORE-OM forms is represented below.

(**NOTE:** on this measure, and the construction of the charts shown below, a positive change in subscale and total CORE scores (ie above the zero line on the bottom axis) is desirable and is evidence of improvement / reduced distress.)







3. EQ-5D-5L

This measure asks the scorer to rate against 5 levels across 5 domains:

- a) Mobility
- b) Self-care
- c) Usual activities
- d) Pain / discomfort
- e) Anxiety / depression

Plus a 100 point Visual Analogue Scale (VAS) to indicate overall “how good or bad your health is”.

In the context of the experience of providing this service this approach has a naturally close fit with the work of the unit, both intuitively and with regard to the face validity of the measure. Piloting its use in the unit began in April 2011.

EQ-5D-5L results so far (ie 2011/12):

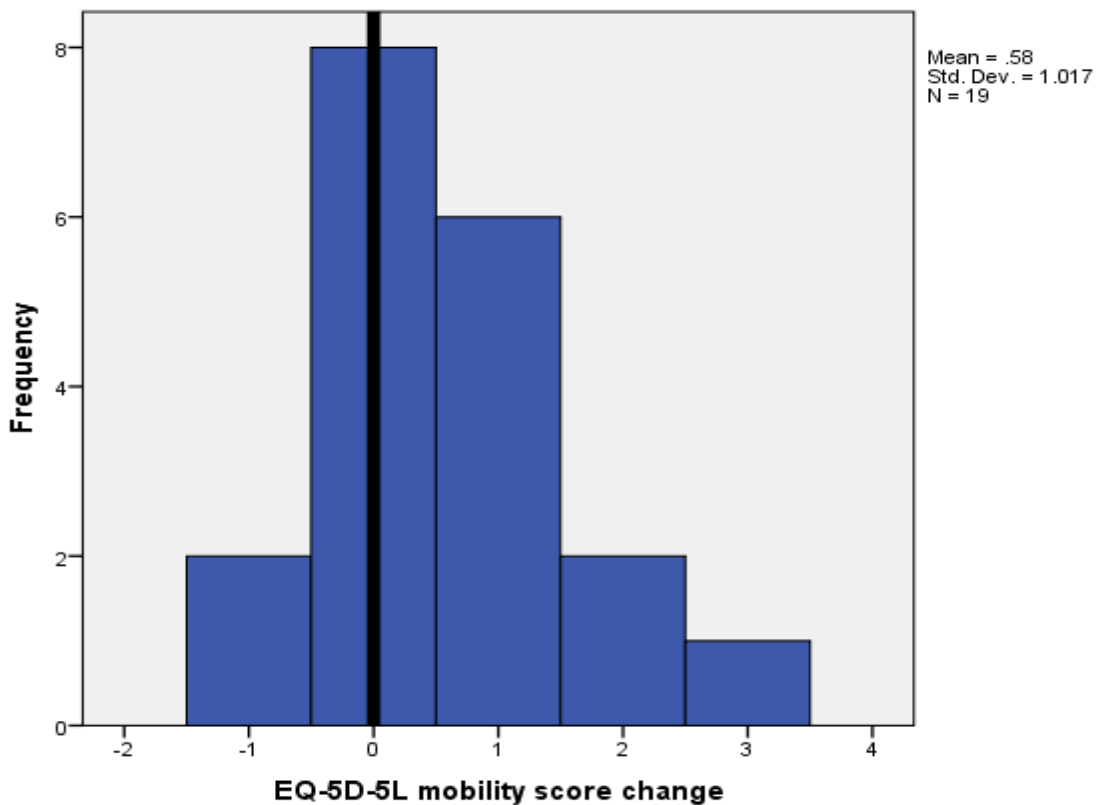
- **Mobility** improved in **47.4%** of patients
- **Self-care** improved in **50.0%** of patients
- **Usual activities** improved in **66.7%** of patients
- **Pain / discomfort** improved in **66.7%** of patients
- **Anxiety / depression** improved in **33.3%** of patients

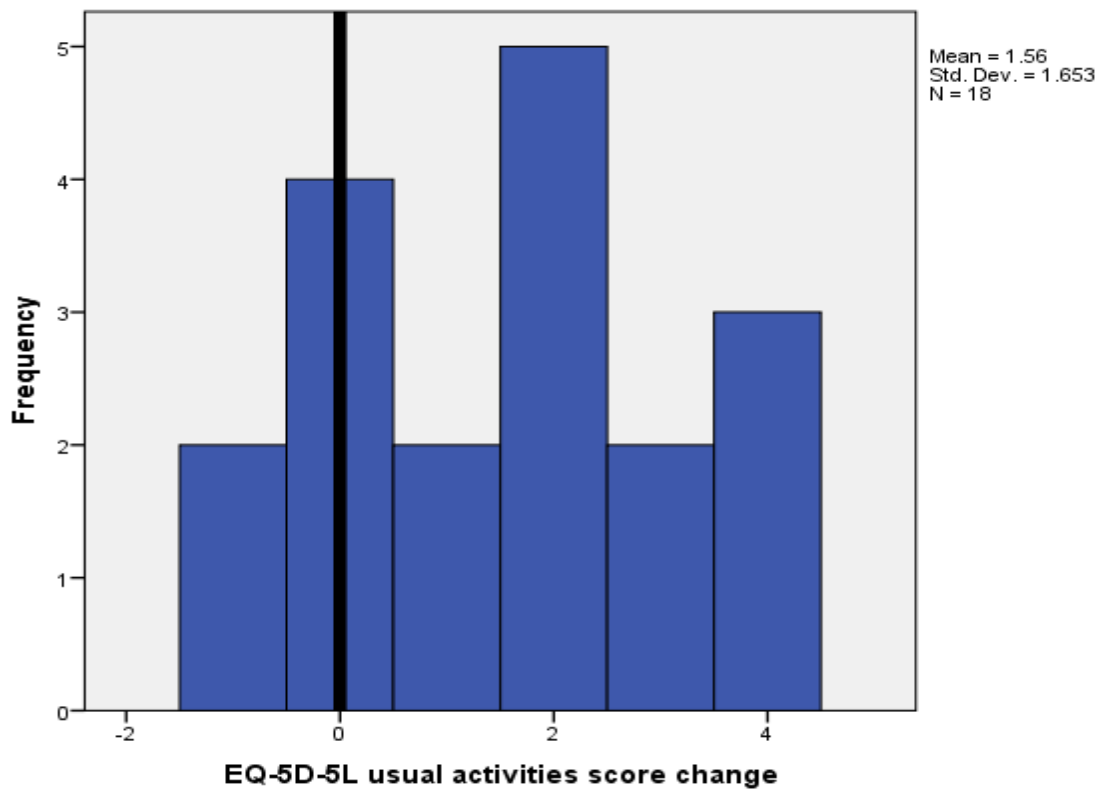
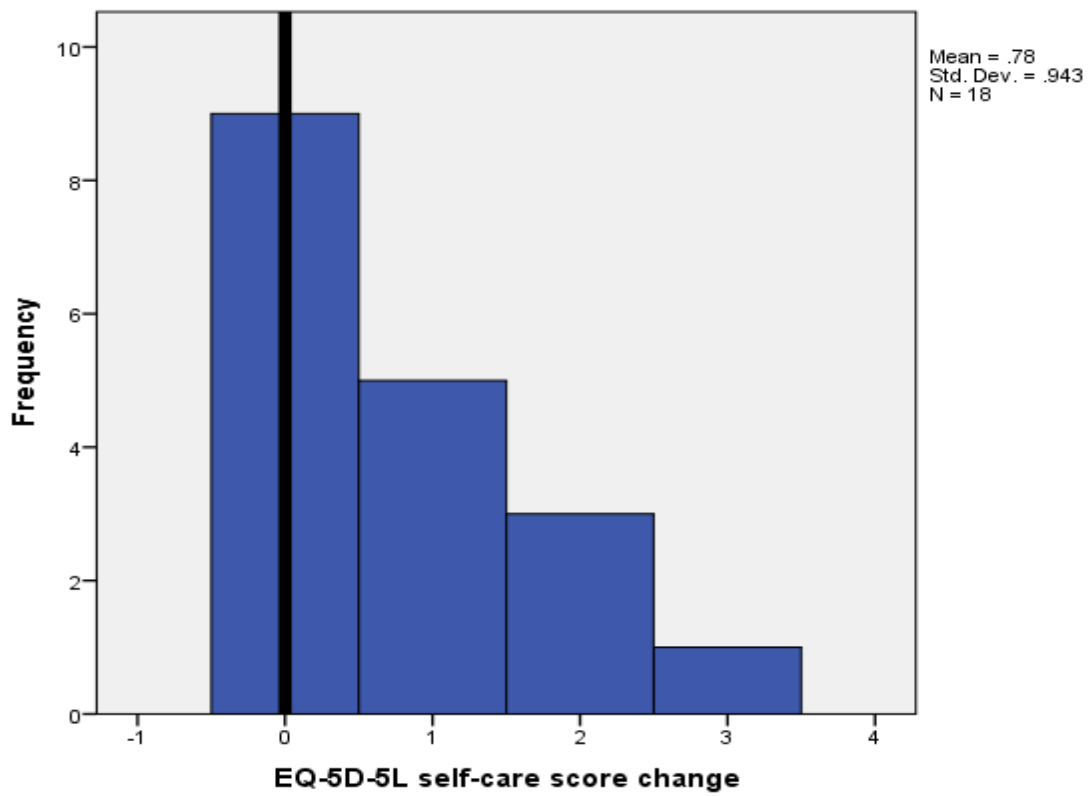
- **At least one domain** improved in **100%** of patients
- **Overall health VAS** improved in **76.5%** of patients

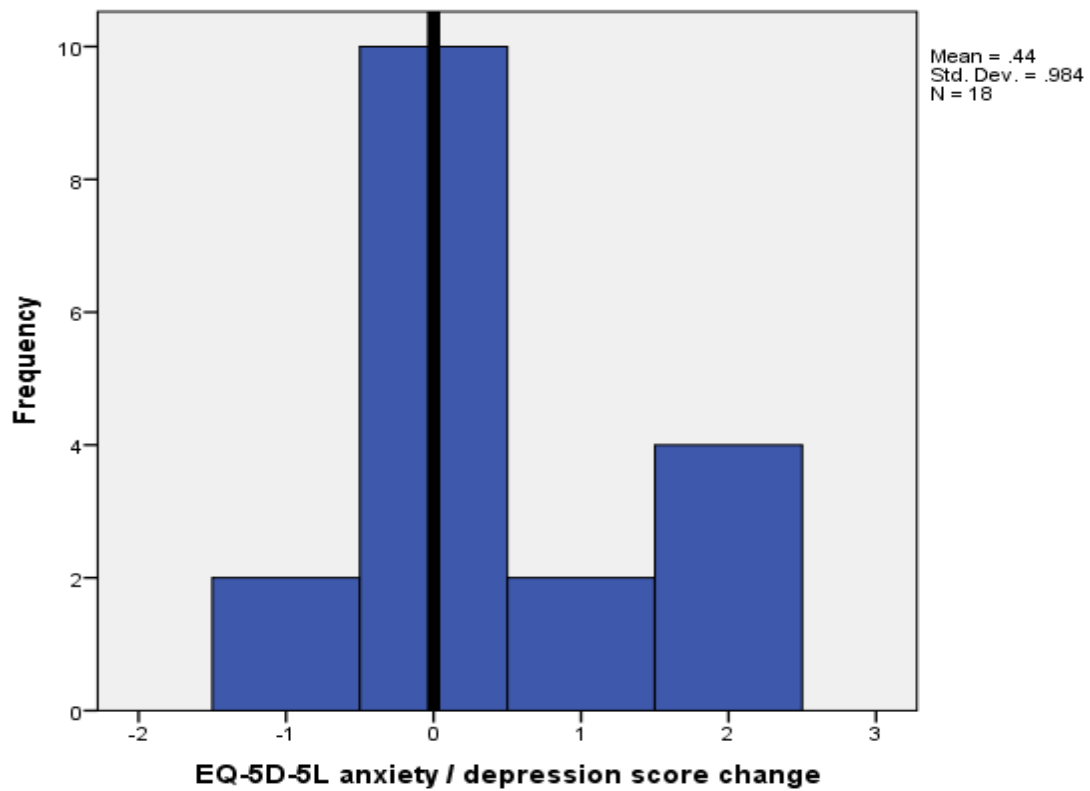
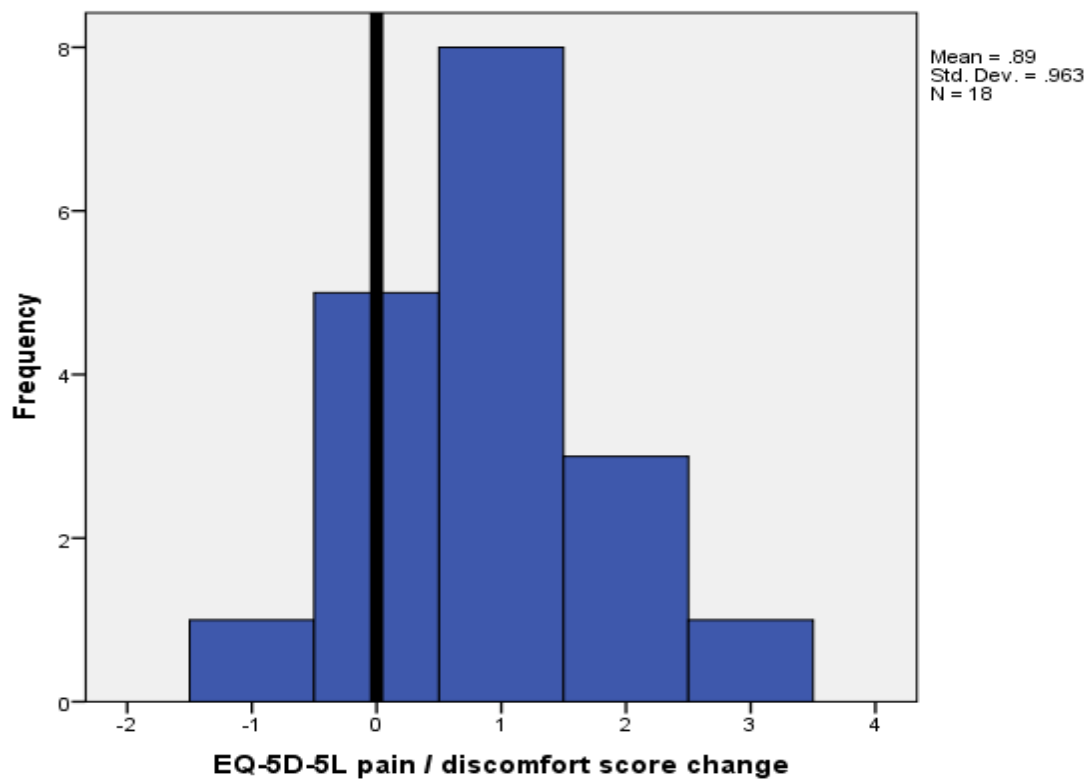
Scores from the EQ-5D-5L can be converted into Health Valuations (otherwise known as Index Values). Using the “crosswalk value set for the UK”, for 2011/12:

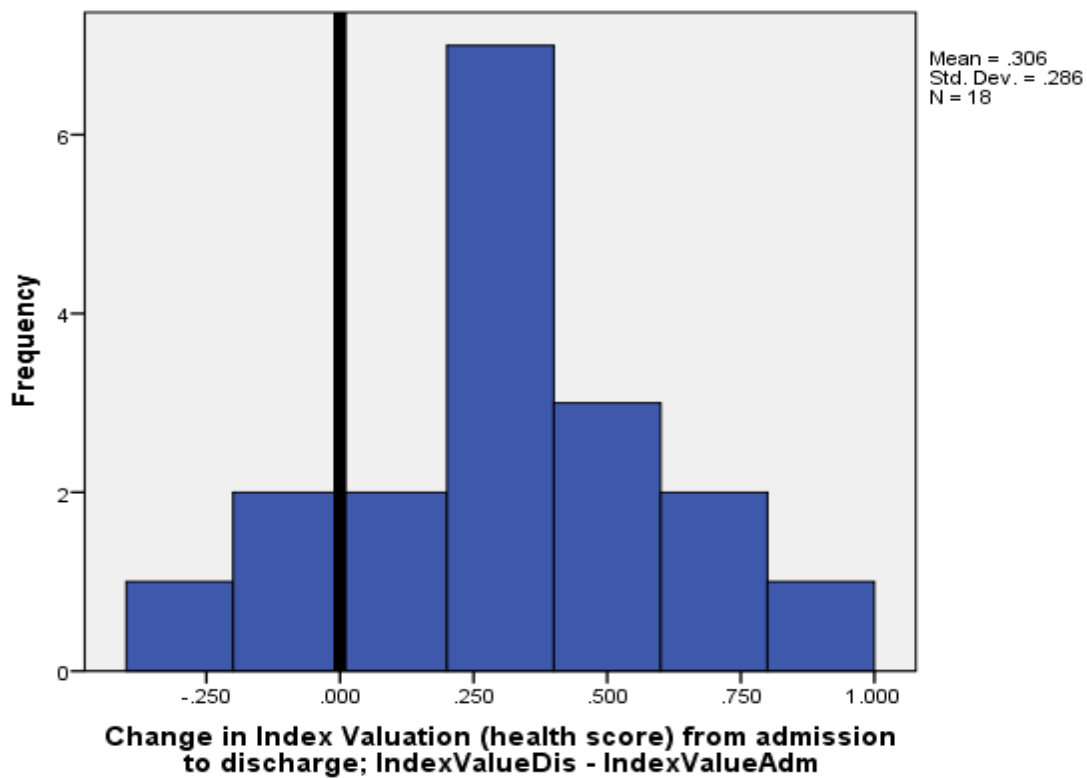
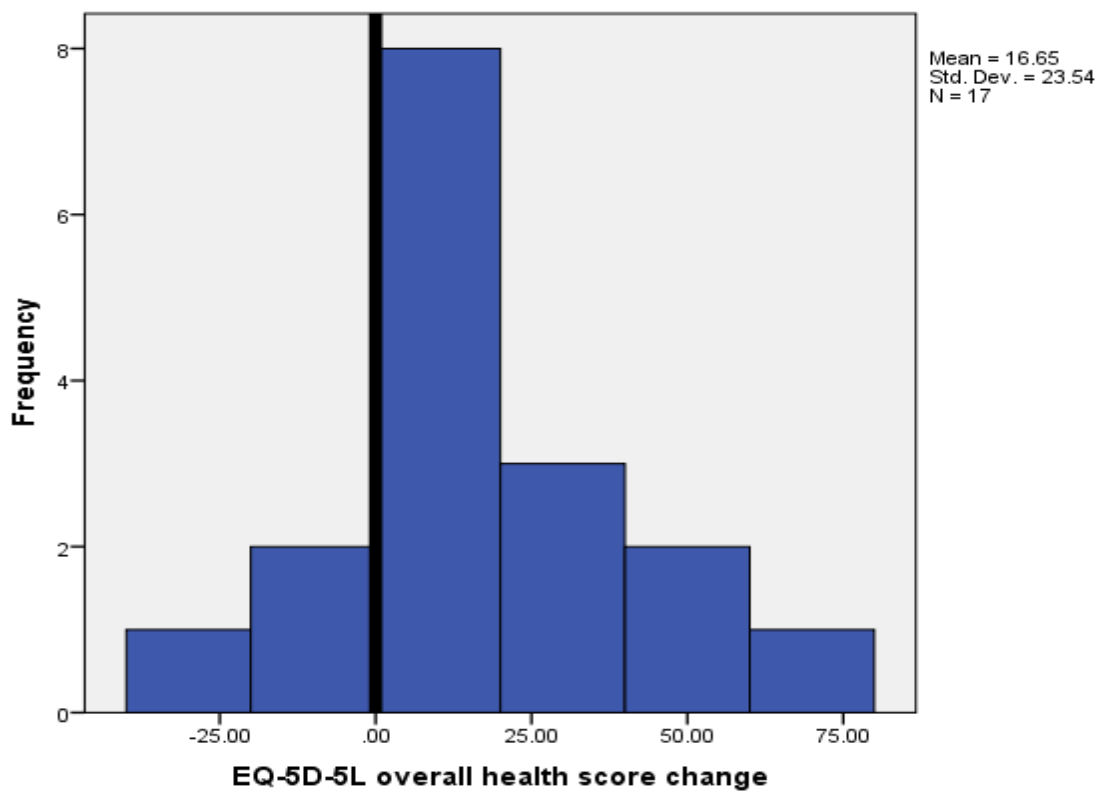
- **83%** of patients showed an increase (improvement) in overall Health Valuation score

(**NOTE:** on this measure, and the construction of the charts shown below, a positive change in EQ-5D-5L subscale and overall health scores (ie above the zero line on the bottom axis) is desirable and is evidence of improvement in functioning, etc.)









Patient experience / feedback

The Patient Discharge Questionnaire was created by the YCPM team based on the guidance set out by Leeds Partnerships NHS Foundation Trust. It was designed to collect both qualitative and quantitative data from inpatients regarding their care on the unit. The team at YCPM felt it was important to collect the views of patients' regarding their care, environment, and therapies provided. The information collected is collated and reviewed regularly in order to continuously improve and provide the best possible service to our patients. The questionnaire is given to patients in their last week of admission and collected on discharge. Following feedback and discussion with patients and members of the YCPM team it has recently been amended and updated, including a reduction in the number of questions.

The new version of the patient discharge questionnaire, which includes only 7 questions instead of the 17 that were asked in the previous version, was introduced in February 2011.

Patient experience feedback

The proportion of patients rating the service as either "Good" or "Excellent":

- 66.6% in 2009/10
- 68.4% in 2010/11
- 95.7% in 2011/12

Also in 2011/12:

- 91.7% reported that they were "always provided with copies of their care plans"
- 80% reported that there were "no key issues" relating to their care needs that were not addressed during their admission
- 65% reported that the support/advice received by their family/carers was "excellent" or "good" (25% reported "average")

NOTE: These outcomes are in a highly selected group of people many of whom, at the point of admission, tend to want more medical tests and investigations and not to engage in any psychological or psychosocial work.

Some examples of patient's written feedback (2011-12)

"Staff were very attentive, supportive and willing to take the time to talk whenever available. Very approachable, friendly and helpful without being patronising. General ward atmosphere very welcoming and safe".

"Every member of staff is friendly. Always willing to help".

"I've had the time to think, talk to people, work out goals and cope with different things. I've made a 100% improvement".

“The treatment and service was excellent”.

“My mood has improved very well, I thank you very much I am really happy with all the help I got and I would like to thank all the staff and doctors for the wonderful work they do!!!”.

“They were very thorough with everything”.

“I have had space and time to prioritise my health and I have had support to deal with issues in my life. I have reduced my alcohol intake to almost nothing and lost weight and I am fitter”.

“I have been treated like a person not just another body to count”.

“Staff have been supportive and friendly”.

“Very impressed with care taken by staff at what is a very traumatic time. Very supportive, caring and professional whilst still being informal”.

“Found care plans meaningful and helpful. YCPM helped me to cope and gave a good understanding of my health”.

“My key team members have been excellent”.

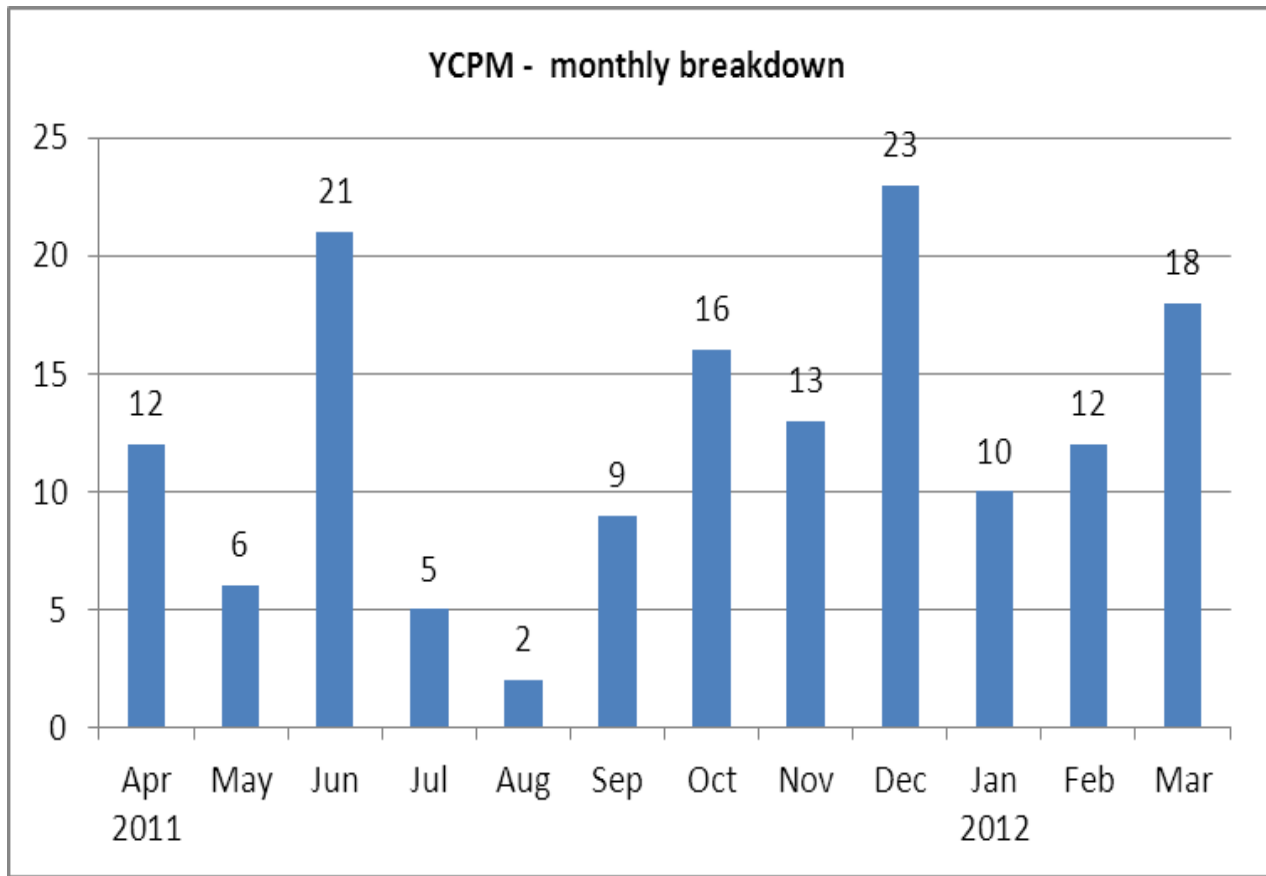
“Everybody has been helpful. Less restrictions than a general ward”.

Incidents

In line with the general approach across the Leeds and York Partnership NHS Foundation Trust, and with what is considered to be a sign of a mature service and team, the YCPM has a relatively low threshold for reporting incidents. As a result, the numbers are not small but, importantly, the incidents seen are almost all of low severity or risk; ie as mapped against the National Patient Safety Agency (NPSA) ratings for levels of harm they are ‘no harm’ or ‘minimal harm’ (see below).

In total, 147 incident forms were completed within the period to which this report relates, as detailed below.

Incidents reported April 2011 – March 2012



NPSA severity ratings of these incidents (ratings 1 – 5)

	1	2	3	4	5	Total
Apr-11	10	2				12
May	6					6
Jun	21					21
Jul	4	1				5
Aug	2					2
Sep	7	2				9
Oct	15	1				16
Nov	9	4				13
Dec	18	5				23
Jan-12	7	3				10
Feb	11	1				12
Mar	18					18
Totals:	128	19				147

Key:

NPSA Ratings

1 = No injuries, very minor financial loss, and / or service interruption.

2 = First aid treatment only, minor financial loss, minor service interruption

3 = Medical treatment required, moderate financial loss, service interruption.

4 = RIDDOR reportable, significant loss of service capability, major financial loss, legal consequences.

5 = Death, huge financial loss, permanent / semi-permanent loss of service, threat to achievement of Trust's objectives, legal consequences.

Incidents by category / type

Category and some examples	Number
Accident	16
Accident - no injury x 1 Fall x 9	
Clinical	98
Patient care x 5 Communication - lack of or unclear x 1 Medical devices & equipment x 3 Patient found on floor x 2	
Fire	6
Potential fire hazard/incident x 6	
Other	3
Staffing issue x 1	
Property	1
Trust property loss/damage x 1	
Security	1
Unauthorised access x 1	
Self-harm	3
Actual self-harm x 2 Attempted self-harm x 1	
Verbal abuse	11
Nuisance/abusive telephone call/text message x 1 Verbal abuse x 10	
Violence	8
Aggressive behaviour x 7 Assault x 1	
Total	147

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Leeds and York Partnership NHS Foundation Trust

2012