Guidance for Commissioners of Psychiatric Intensive Care Units (PICUs)

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**Inpatient Beds**

| > 1.5 million in contact with mental health services | Huge variation in acute bed provision (mean = 21/100,000 RP) |
| >100,000 are admitted to hospital / yr | 17 % reduction in the past 3 years |

| 65% occupied by patients with psychosis | Variable PICU provision (2-5/100,000 RP) |
| A third of all admissions under detention (up by 10%) | Average LOS = 45 days |
| | 0.7 Consultants per 10 beds |
| | 1.5X Qualified Nursing Ratios |
Adult Mental Health Services

FORENSIC
PSYCHIATRIC
SERVICES

FORENSIC AND/OR
REHABILITATION
SERVICES

GENERAL ADULT
PSYCHIATRIC
INPATIENT SERVICES

COMMUNITY PSYCHIATRIC SERVICES

CRIMINAL
JUSTICE
SYSTEM

PICU
Psychiatric intensive care is for patients who are in an acutely disturbed phase of a serious mental disorder.

- ... loss of capacity for self-control, with a corresponding increase in risk ...
- ... treatment must be patient-centred, multidisciplinary, intensive, and have an immediacy of response to critical clinical and risk situations.
- ... usually detained compulsorily under the appropriate mental health legislative framework ...
- ... delivered by qualified and suitably trained clinicians according to an agreed philosophy of unit operation underpinned by the principles of acute and dynamic clinically focussed risk management.
- ... length of stay must be appropriate to clinical need and assessment of risk but would ordinarily not exceed eight weeks in duration.
Making a Difference …

PICU PATIENTS GET BETTER

95% CI

Organic diagnosis  Non affective psychosis  Affective psychosis  Other diagnosis

Total score for First HoNOS
Total score for Last HoNOS
**PICU INTERVENTIONS & MULTISCIPLINARY TEAM**

**Dynamic Clinical Ax-Mx (Physical & Mental)**
- Dynamic Risk Ax-Mx
- Nursing Therapeutic Engagement
- Acute Medications’ Mx
- Acute Psychological Interventions
- Acute Occupational Therapy

**Consultant Psychiatrist (Doctor)**
- Junior Doctors (Psychiatrist)
- Senior Nurse Clinician & Manager
- PICU Nursing Team
- PICU Pharmacist
- PICU Occupational Therapist
- PICU Psychologist

**Psychiatric Observation**
- Rapid Tranquillisation
- De-escalation Methods
- Extra-care Area Management
- Safe & Therapeutic Physical Restraint
- Seclusion

**Advocate**
- Social Worker
- Physiotherapist; Exercise Instructor
- Art Therapist; Music Therapist
- Chaplaincy Input
- Police Liaison Officer; Security Specialist
- Forensic Psychiatrist

**PICU PATIENTS & CARERS**
Psychiatric intensive care is for patients who are in an acutely disturbed phase of a serious mental disorder.
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NAPICU is a not for profit organisation committed to developing and promoting the specialty of psychiatric intensive care and low secure services. Dedicated to improving patient experience and outcomes, and to promoting staff support and development within PICUs and LSUs.

The Mental Health Commissioners Network (MHCN) is member-led and managed by NHSCC. MHCN provides a strong collective voice for mental health commissioners, shares best practice, promotes commissioner development and provides peer support.

NHSCC is the membership organisation of CCGs, representing them in the national debate on the future of healthcare in England.
“This new Guidance for Commissioners of Psychiatric Intensive Care Units will support us to make sure we have appropriate services for one of the most vulnerable and at risk groups in society – those who have a mental health crisis.”

Dr Phil Moore,
Chair of NHSCC Mental Health Commissioners Network
Guidance for Commissioners of Psychiatric Intensive Care Units (PICUs)

1. INTRODUCTION AND PURPOSE
2. PICU PATHWAYS
   Definition
   Inclusion criteria
   Exclusion criteria
3. PSYCHIATRIC INTENSIVE CARE MODEL
   De-escalation, PICU extra care areas and seclusion
   Physical healthcare
   Service environment
   Access to external spaces
   Facilities for visitors
   Risk management
   Safety
4. PICU SECURITY
5. WORKFORCE
   Capacity and capability
   Training and continuing professional development
6. GOVERNANCE
   PICU standards and outcome measures
   Monitoring and evaluation
   Improving patient experience
   Service specification
   Reporting and management of adverse incidents
7. EQUALITY AND DIVERSITY
This commissioning guidance sets out overarching policy principles on the nature of psychiatric intensive care. It is not a service specification and does not contain specific advice on ward size, staff numbers or length of stay, for example. It does not provide detailed information about building design. The guidance is intended to support effective commissioning and service delivery by:

- Supporting commissioners with quality, innovation, productivity and prevention (QIPP) priorities and signposting to case studies
- Supporting commissioning decisions on potential service reconfiguration for PICUs
- Providing a definition of psychiatric intensive care for commissioners
- Setting out a model of care
- Identifying the patient groups likely to benefit from PICU
- Identifying the position of PICUs within the mental health system
- Establishing service principles governing the overall approach to the provision of a safe environment in PICU
- Advocating key performance indicators for operation and quality of care delivery
- Supporting the commissioning of high quality, evidence-based care for patients and their families
- Assisting with the preparation of business cases and highlighting relevant national priorities.

This commissioning guidance should be read in conjunction with the NAPICU (2014, 2015) national minimum standards.
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PSYCHIATRIC INTENSIVE CARE MODEL

Commissioners must work jointly with clinicians when using the CQUIN (Commissioning for Quality and Innovation) payment framework as a lever for service change in psychiatric intensive care.

The primary function of a PICU is the rapid assessment and intensive management of acute mental disorder and behavioural disturbance within an integrated care pathway.

Patients will present with increased vulnerability, posing a level of risk to themselves or to others which means they are unable to be safely managed in a non-PICU ward setting. The treatment provided in a PICU will have a direct impact on reducing short and medium-term clinical risk.

PICUs should be available for newly admitted patients and patients already being treated within inpatient services who require rapid assessment, intensive treatment and stabilisation.

The nature of PICU services means that processes for referral, assessment, admission and discharge should be dynamic. Referrals should be accepted 24 hours a day, 7 days a week, and assessments should be completed as a matter of urgency. The PICU is an inpatient psychiatric emergency service, and the processes should reflect this philosophy.

The multidisciplinary team will take an active, treatment-focused approach aimed at rapid stabilisation, crisis resolution, risk-reduction, prevention of relapse and promotion of recovery. Goals for recovery, including an estimated date of discharge from the PICU, should be set as part of the admission process. The emphasis is on short term intensive treatment with regular reviews of progress. There is an expectation from referrers, PICU staff, commissioners, patients and their carers that the length of stay will be kept to a minimum; not normally exceeding 6–8 weeks. Effective links should be maintained with the referring service to support on-going treatment and transfer back. PICU staff should work collaboratively with health (both mental and physical), criminal justice and social care agencies to support effective pathways.
PICU SECURITY

All PICU services should consider the three interdependent domains of security and manage them jointly. They are:

- **Physical**: The security mechanisms (e.g. locking systems, CCTV) and other physical barriers
- **Relational**: The understanding and use of knowledge about individual patients, the service environment and the overall population dynamic
- **Procedural**: The timely, correct and consistent application of effective operational procedures and policies.

Security is defined around the needs of the patient and PICUs work on the philosophy that the dynamic and responsive treatment of the patient is part of the overall security matrix. In this respect, the treatment model of the PICU (acute and dynamic clinical and risk management) can be considered to be a fourth security domain, which acts in conjunction with the physical, relational and procedural security domains.
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PICUs should develop key performance indicators (KPIs) or outcome measures to determine the quality of care provided to patients. Example areas include:

- Generic patient related outcome measures (PROMs): this may include patient satisfaction measures, carer satisfaction measures and complaints
- Generic clinician related outcome measures (CROMs): this may include measures such as the Health of the Nation Outcome Scale (HoNOS)
- Patient safety measures (adverse events, measure related to the occurrence or management of violent incidents)
- Measures associated with the use of restrictive interventions in the PICU: this may include the rates of use of rapid tranquillisation, high-intensity psychiatric observation, physical restraint, extra care area use and seclusion
- Performance or 'Fidelity to PICU Model' measures (response times to referrals, transfer times to the PICU, average PICU length of stay, transfer delays out of PICU including those to NHS England commissioned services, PICU re-admission rates)
- PICU multidisciplinary team measures (staffing levels and skill mix, sickness and industrial injury rates, training compliance, referrer satisfaction measures).

(NAPICU, 2014, 2015; Joint Commissioning Panel for Mental Health, 2013, p. 19)
National Minimum Standards 015

NEW! National Minimum Standards for Psychiatric Intensive Care Units for Young People (September 2015).

Click here to order or download.

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About NAPICU

NAPICU is a not for profit organisation committed to developing and promoting the speciality of psychiatric intensive care.

We are dedicated to improving service user experience and outcome, and to promoting...
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