Liaison Mental Health – Frequently Asked Questions

1. How is Core 24 going to be judged to have been reached – is it relate to workforce or function?

2. How will success against the 1 hour and 24 hour targets be measured? Will it be based on outcome data?

3. Are services required to include an alcohol nurse?

4. How do you protect those areas that have innovative services that are different to Core 24 but still provide the same functionality – links to Q1?

5. How do you protect services which are already functioning at Enhanced Core24/ Comprehensive levels?

6. Is the 1 hour turnaround target implicit in Core 24?

7. What is the consequence of the 4 hour disposal target not being reached? How is this measured and what is the necessary compliance e.g. 95%?

8. How critical is the banding of nursing staff? Are teams required to meet the defined split of band 6 and 7 nurses?

9. What happens to the services where there is insufficient demand for Core 24 Services? Should these services be aiming for Core? Should these services still put in a bid?

10. Could you bid for the money to run a pilot to demonstrate the potential recurrent savings? Would such a bid be considered?

11. How do you demonstrate that the service brings financial savings? Will there be any guidance on financial modelling? The majority of savings will be for the acute trust so how do suggest we persuade them to commit to reinvestment in Liaison and not elsewhere?

12. Could a definition of “all age” be provided?

13. How will you measure services adherence to the recommended standards?

14. Will you be referring to the local baseline information which we have provided to Clinical Networks, or are decisions to be based on the latest national survey (LPSE 3) or both?

15. How will disinvestment in Liaison services be monitored? How will acute/ mental health trusts/ CCGs be held to account if there is no investment/ if there is no willingness to bid for funding where this would be appropriate i.e. where the service is already close to Core 24?