The Value of Liaison Neurology within an NHS Mental Health Trust: A Service Evaluation

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BACKGROUND

- Previous studies of clinical caseloads indicate high rates of neurological and psychiatric comorbidity [1-4], however there are limited clinical services or applied research addressing this in mental health settings.
- Our trust commissioned a Liaison Neurology Service in 2021, accepting referrals for neurological problems from inpatient/outpatient psychiatry teams.

AIMS AND METHODS

Aim 1: to characterise the caseload of the liaison neurology service

- Method: data extraction from clinical notes (n=134)

Aim 2: to understand the qualitative impact of liaison neurology on patient journey

- Method: qualitative assessment of consultation notes in pre-specified neuropsychiatric conditions (e.g. dementias, movement disorders, psychosis) (n=69)

Aim 3: To understand the subjective impact of liaison neurology on clinical colleagues

- Method: Qualitative feedback from referring clinicians (n=5)

RESULTS

Of the 134 referrals reviewed, we identified four major themes. Overall, diagnosis was altered in 57 cases, and treatment in 40 cases.

COGNITION (32)	24 Investigation Changes	14 Diagnosis Changes	10 Treatment Changes
PSYCHOSIS (21)	16 Investigation Changes	6 Diagnosis Changes	0 Treatment Changes
MOVEMENT (29)	17 Investigation Changes	18 Diagnosis Changes	18 Treatment Changes
SEIZURES (17)	7 Investigation Changes	6 Diagnosis Changes	6 Treatment Changes

Qualitative Impact (Aim 2)

- Physical examination
- Handling red herrings (e.g. antibodies)
- Investigating complexity appropriately
- Disentangling neuropsychiatric comorbidity

Qualitative Impact (Aim 3)

- Ease-of-access for patients and staff
- Access to investigations
- Follow-up on discharge
- Safer for patients
- Educational opportunities

CONCLUSION

- Overall, our service evaluation demonstrates that liaison neurology is making changes that influence patient care positively, as shown quantitatively and qualitatively.
- We also show that these effects are intrinsic to both liaison service (i.e. reviewing patients in situ, compared to remote advice) and the clinical expertise in neurology (i.e. beyond access to investigations)

REFERENCES

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