Journal of Psychiatric Intensive Care

Journal of Psychiatric Intensive Care
Vol.6 No.2:125–126
doi:10.1017/S174264641000018X
© NAPICU 2010

Correspondence

Thank you for giving me the opportunity to respond to Ruth Halsey's letter, which tackled some of the issues I raised in my article (Page, 2010).

I very much understand Mrs Halsey's frustration with trying to get the 'right thing' done within discharge arrangements. The layers of complication and often competing interests represented by the commissioner and provider organisation to which the patient belongs can leave a PICU or LSU patient vulnerable to slow action or ineffectual discharge planning.

I also accept the point made that it doesn't necessarily follow that independent providers would prefer to keep people in hospital for financial reasons rather than discharge them as early as possible. Indeed, many independent providers are potentially more efficient at arranging discharge than their NHS counterparts. Although I do say this, when income is increased by extended detention then, at the very least, the potential is there for priorities to become confused, but this is a potential just as significant in NHS foundation trusts as in the independent sector.

Mrs Halsey and I share a common interest in the implementation of Recovery Principles for those who need them most (those in psychiatric intensive care and low secure units), and since we have we both made our original contributions to the journal, the health economy is changing rapidly.

The UK Coalition Government has published its White Paper (Department of Health, 2010), which prompts massive changes in commissioning and the potential limits to future investment in healthcare look less optimistic by the day.

First published online date: 07/10/2010

My thoughts have recently turned to how we can deliver Recovery orientated services in a financially efficient way. I would welcome the debate, but I am not convinced that there is necessarily a direct proportionality between positive impact on service users and salary. In fact, I could even argue the converse. Often the people who have the most positive impact on service users are those who spend the most time with them, and they are often the people on the lower salaries.

Provider healthcare organisations who monitor such things may find that 'face to face' contact with service users is a much greater proportion of the working day for the nursing assistant than the consultant.

Financial constraints will force us all into increasingly ruthless exercises in 'workforce planning'. We must ensure that we provide services which are evidence based and offer safe interventions in a field which is characterised by high levels of risk.

Before we have to listen to too many cries of 'dumbing down', why not wander around on a PICU or LSU and ask yourself what value the staff you meet are offering.

If some professions have priced themselves out of the market place, then that is an issue to be addressed by that profession. For those of us in leadership positions it is for us to ensure that we continue to deliver Recovery orientated services that are safe and evidence based, and we may have to accept that that can be achieved with a few less band 8s and a few more band 3s.

Mathew Page
Service Director, Child and Adolescent Mental Health Services, 2gether Foundation Trust, UK;
mathew.page@glos.nhs.uk

https://doi.org/10.1017/S174264641000018X Published online by Cambridge University Press

References

Department of Health (2010) *Equity and Excellence: Liberating the NHS*. London: DoH.

Page, M. (2010) Rediscovering our true purpose: principles in the competitive PICU market. *Journal of Psychiatric Intensive Care*. 6(1): 9–13.

© *NAPICU* 2010:6:125–126

https://doi.org/10.1017/S174264641000018X Published online by Cambridge University Press