

Crisis and Acute Care

Stephen Watkins and Zoë Page



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Overview

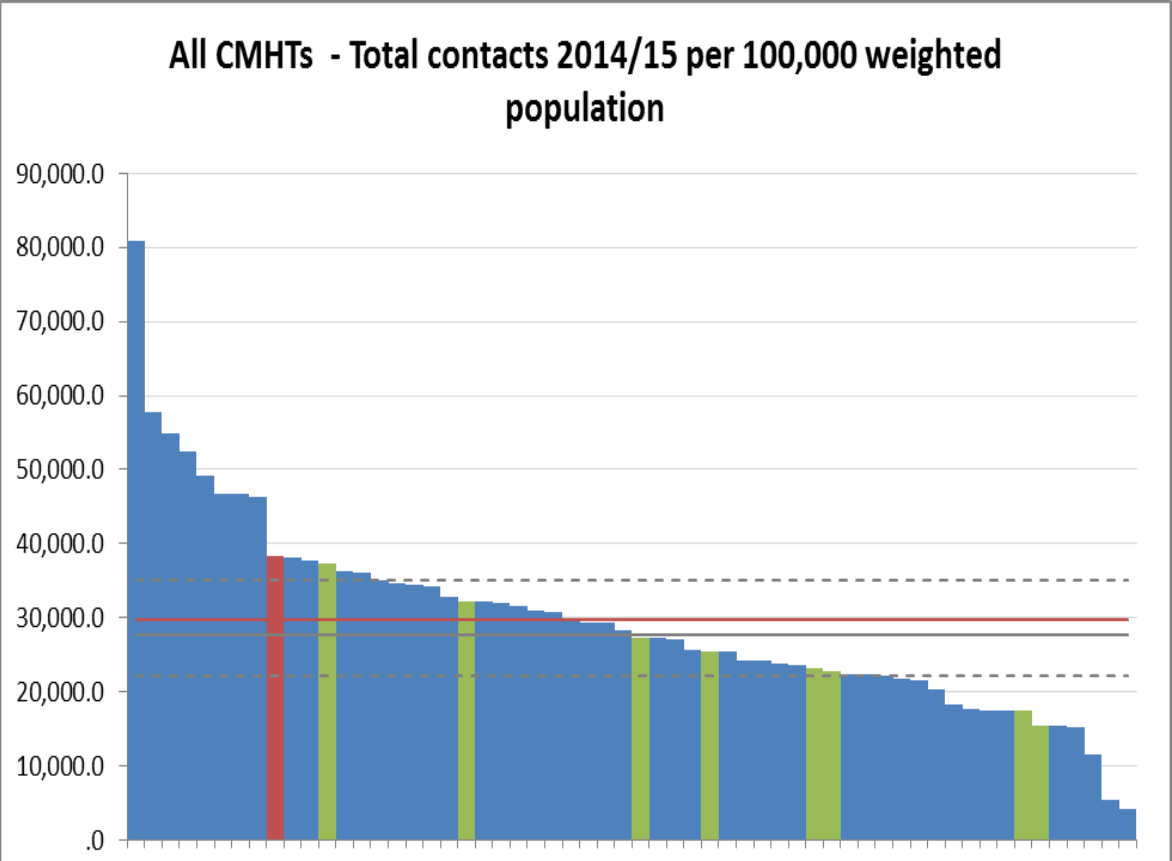
- Introduce crisis pathway data
- Summarise the benefits of Home Treatment to the acute pathway
- Case study; Humber NHS FT
- OATS
- Restraint
- Discussion points



Example benchmarking comparisons

All Community MH Teams - Total contact levels per 100,000 population 2014/15

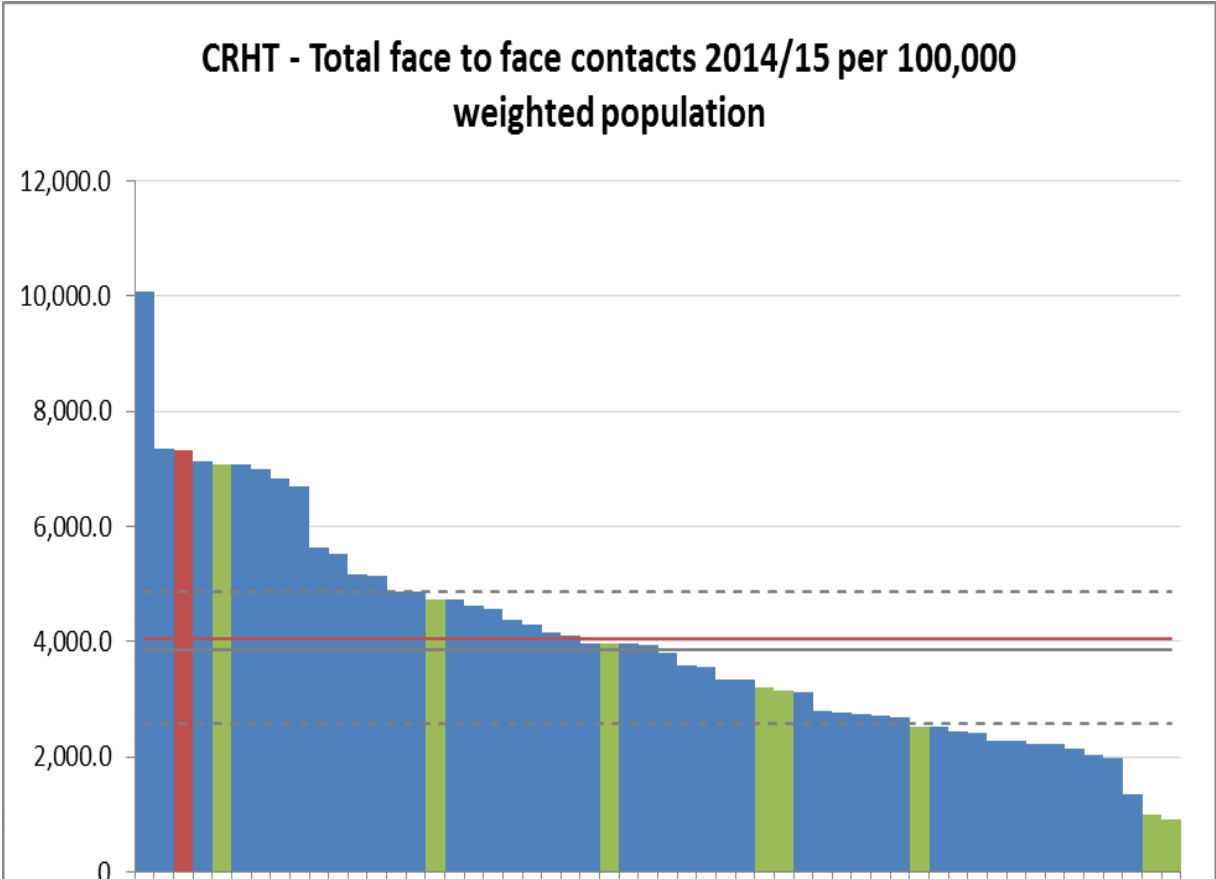
- CMHT contact levels 2014/15 = 29,600 per 100,000 population
- London peer group identified



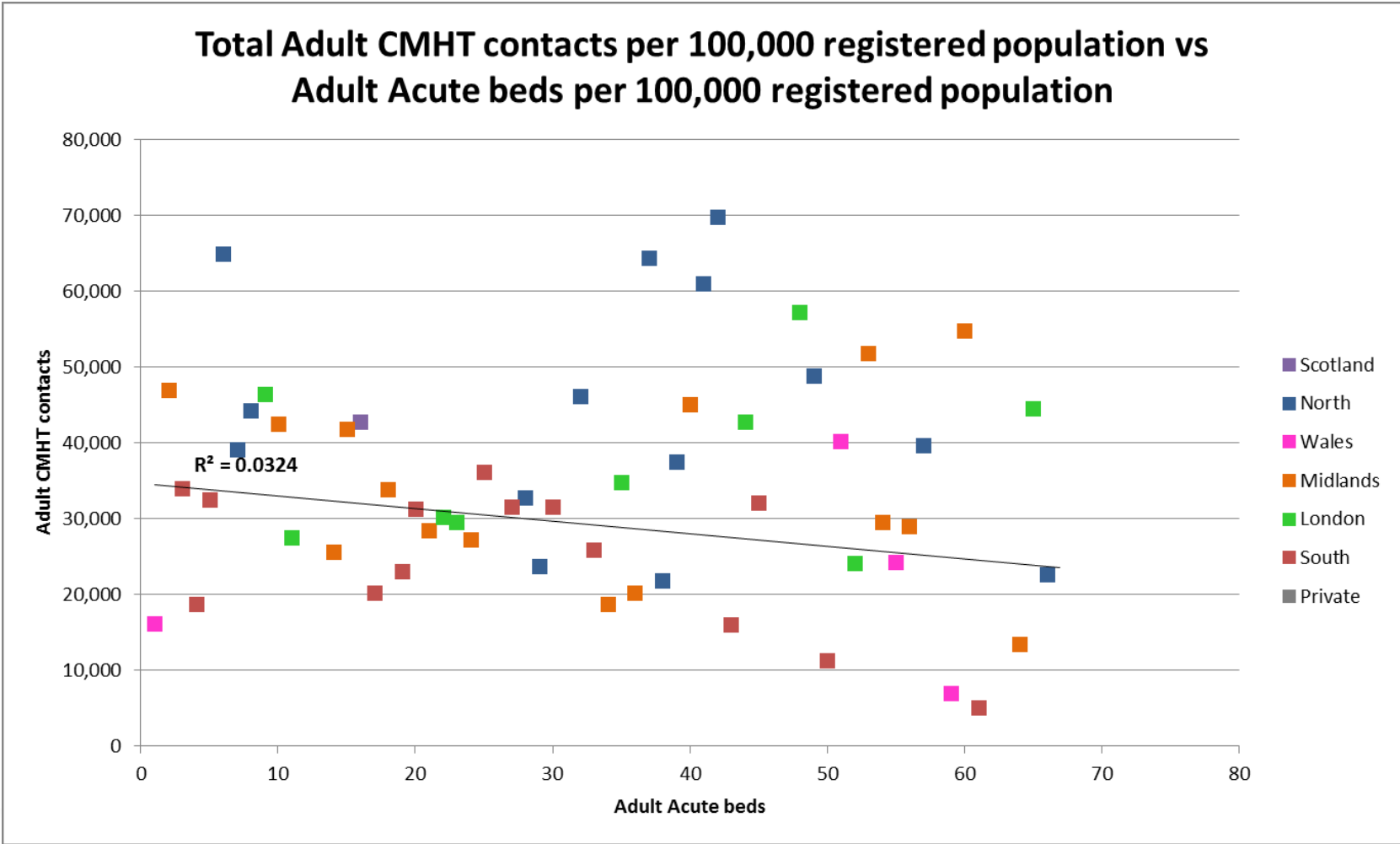
Example benchmarking comparisons

Crisis Resolution & Home Treatment - Contact levels per 100,000 population 2014/15

- CRHT face to face contact levels 2014/15 = 4,040 per 100,000 population
- London peer group identified



Example benchmarking comparisons



Exemplar Organisations

North East London



NHS Foundation Trust

Humber



NHS Foundation Trust



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Optimising Community Based Care

Stephen Watkins on behalf of... Dr. Kwame Fofie,
Associate Medical Director



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About our Trust

- Hull and the East Riding of Yorkshire
- large geographical area with a population of approximately 600,000
- broad range of community and inpatient mental health services, learning disability services, healthy lifestyle support and addictions services
- Specialist services, such as forensic support and offender health
- approximately 3000 staff across more than 70 sites and locations
- Partnership with Hull York Medical School and Hull University





History:

- Move from Asylum – De La Pole and Broadgate Hospitals
- Community based Hospitals and Sector - based CMHTs (same bases)
- Partnership working: Collaborative working with Commissioners and GPs Patients, Friends and Families and Third sector (Mind, housing and Police)
- True MDTs: Psychiatry, Nursing and Social care, Clinical psychology, Occupational Therapy and Pharmacy
- Integrated teams- Social Service partnership and now full integration.
- Functionalised Teams: Assertive Outreach Team
Crisis resolution and home treatment team
Early-intervention team (first episode team)
Acute care services (CRHT and inpatient)
Single Point of Access and A&E Liaison Team





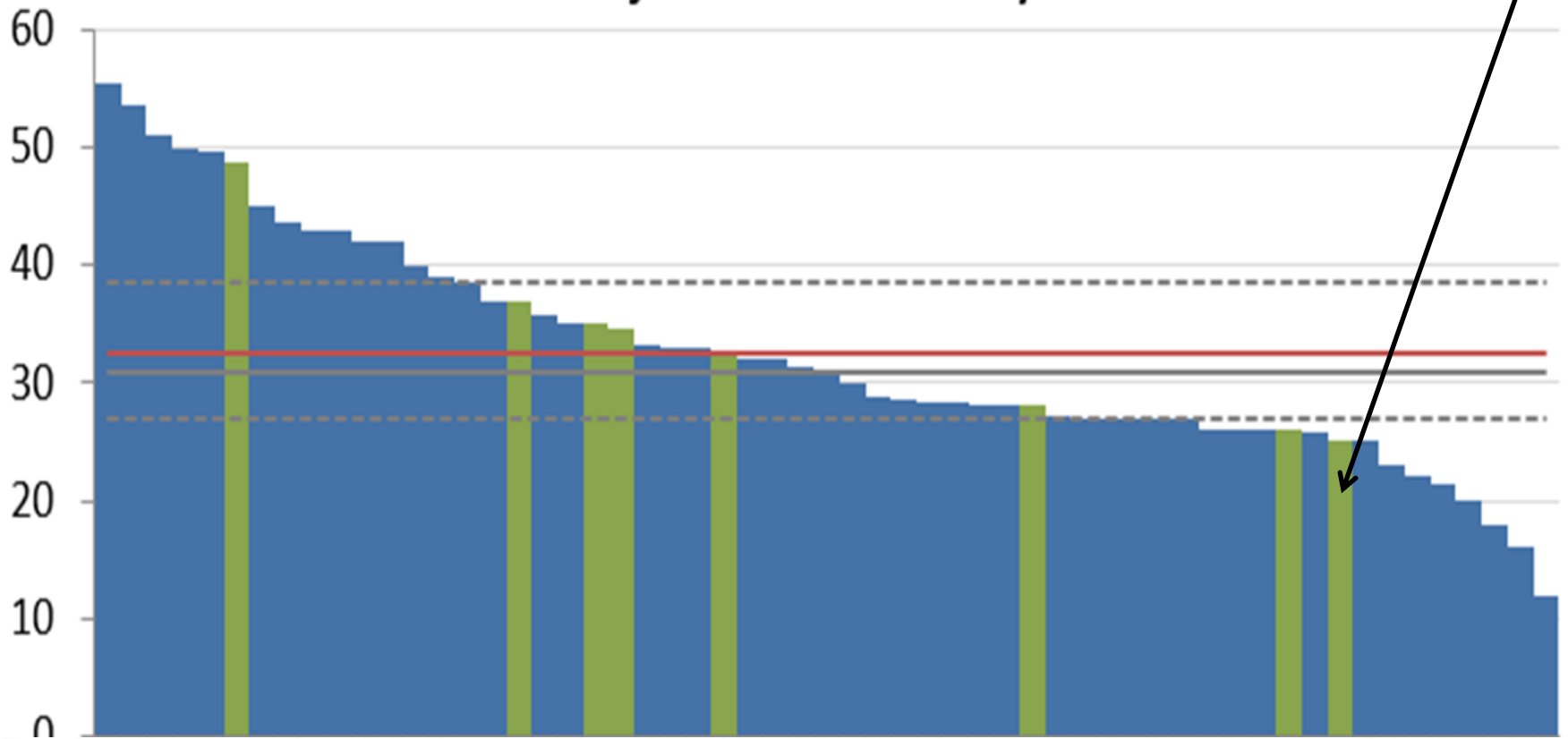
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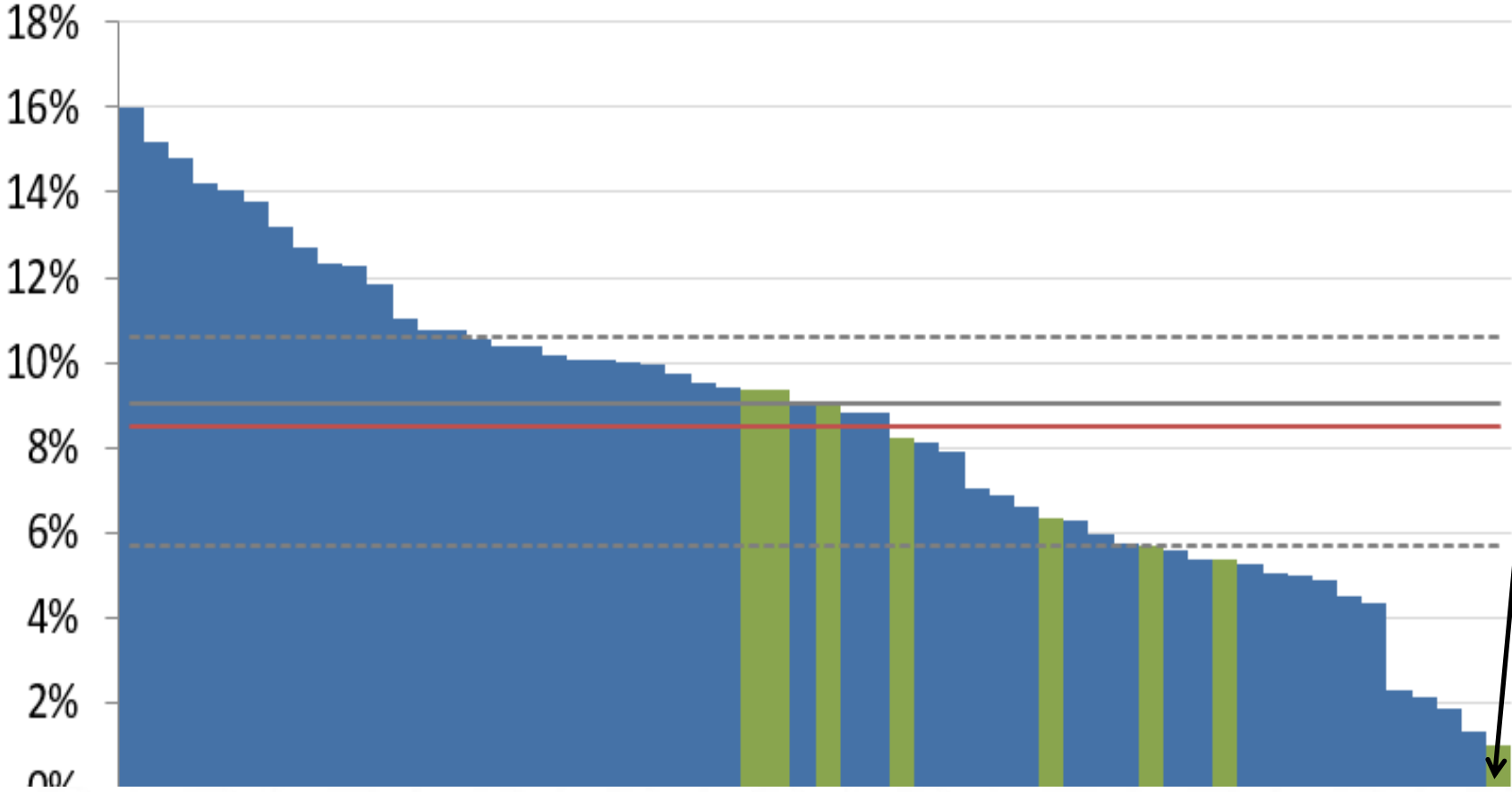


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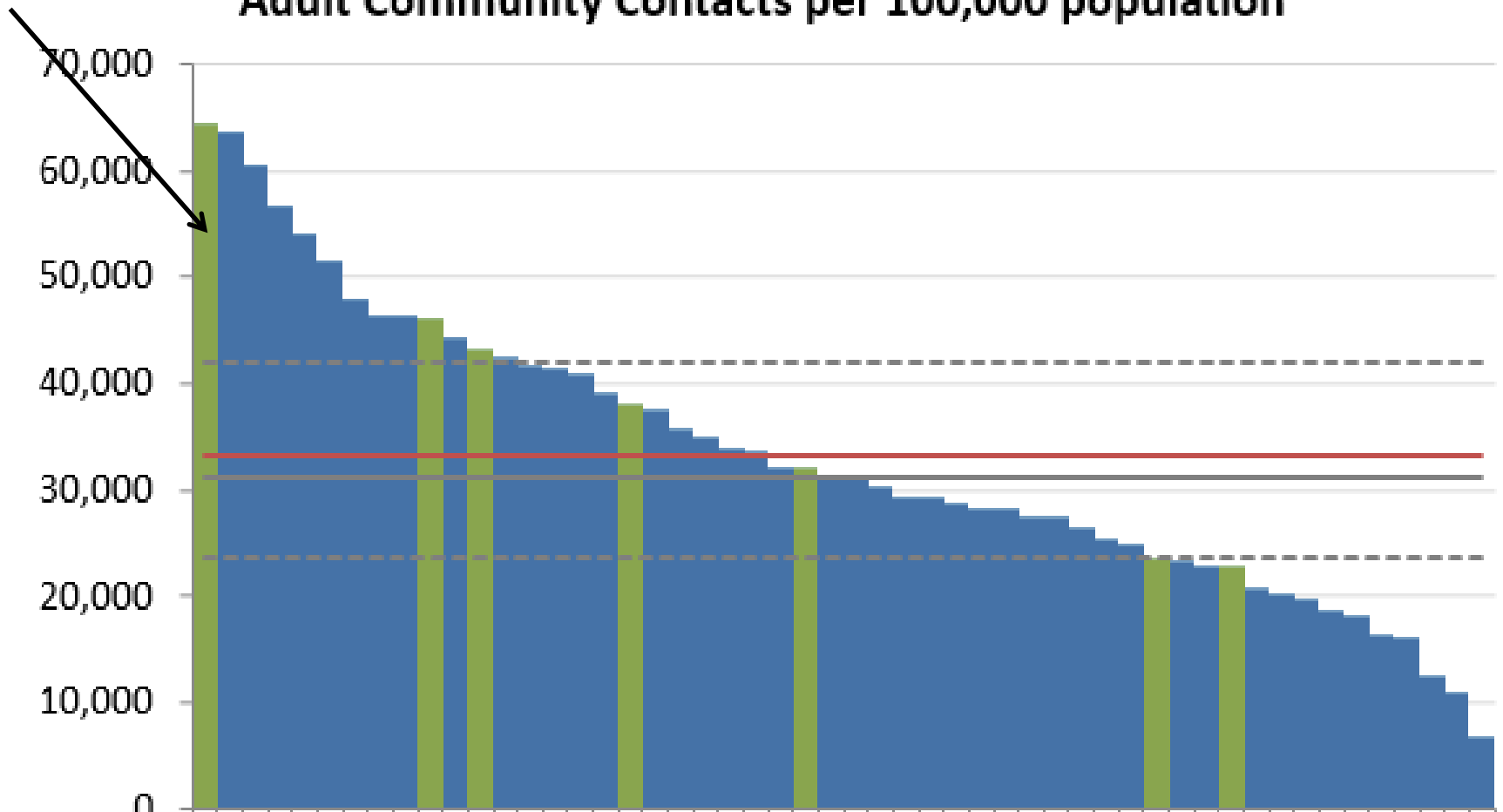
Adult Acute: Mean length of stay (excluding leave and unadjusted for outliers)



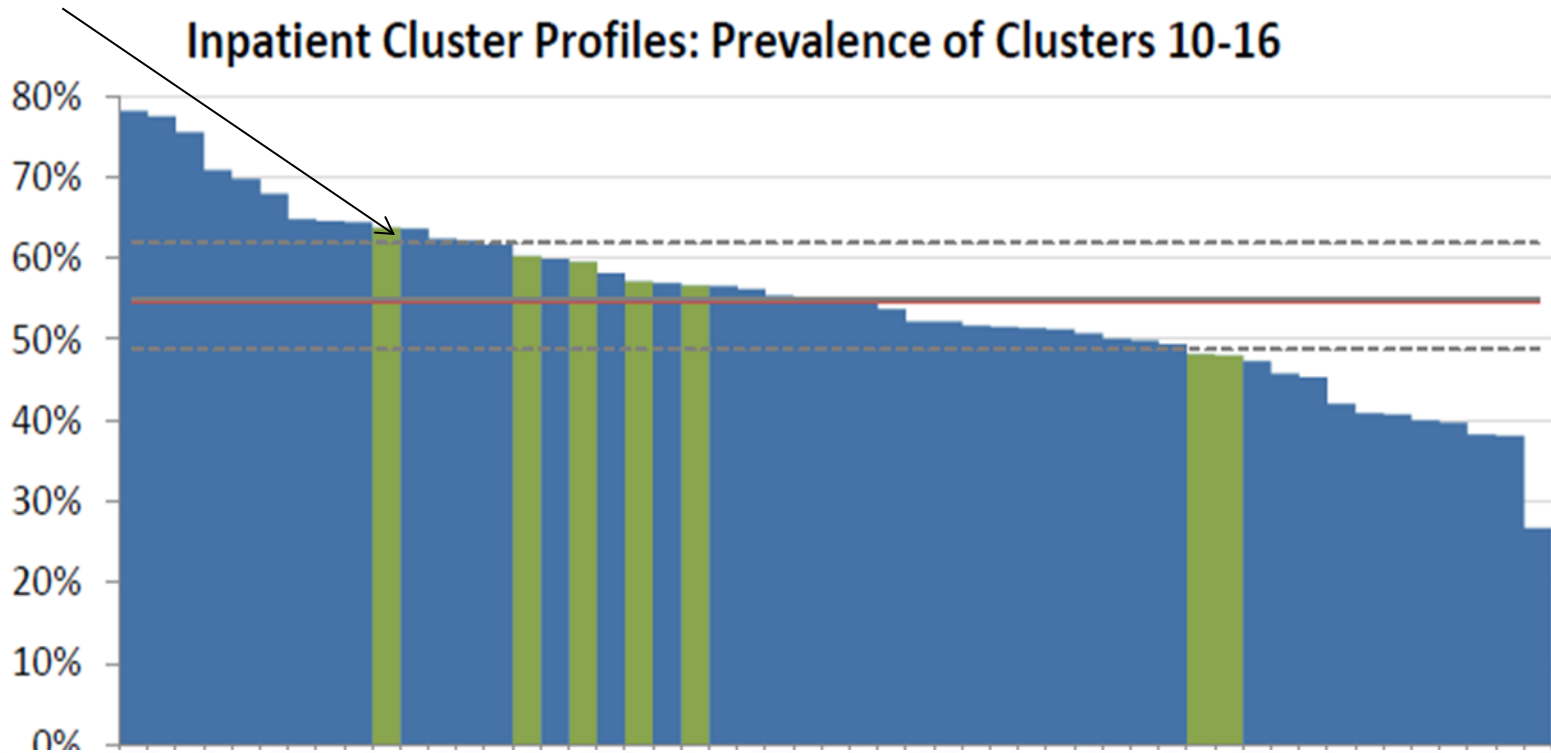
Adult Acute: Emergency Readmission Rate



Adult Community Contacts per 100,000 population

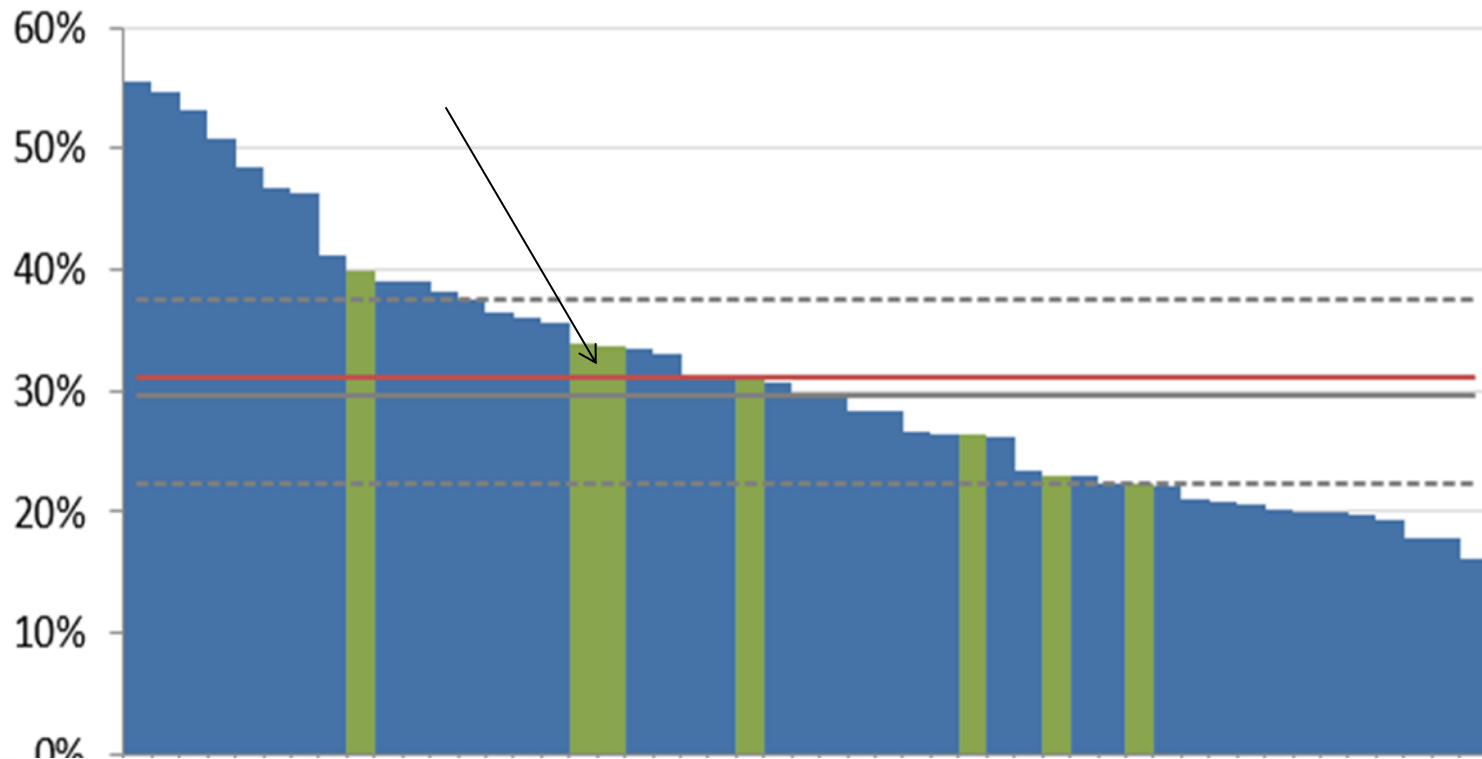


Prevalence of Clusters 10-16

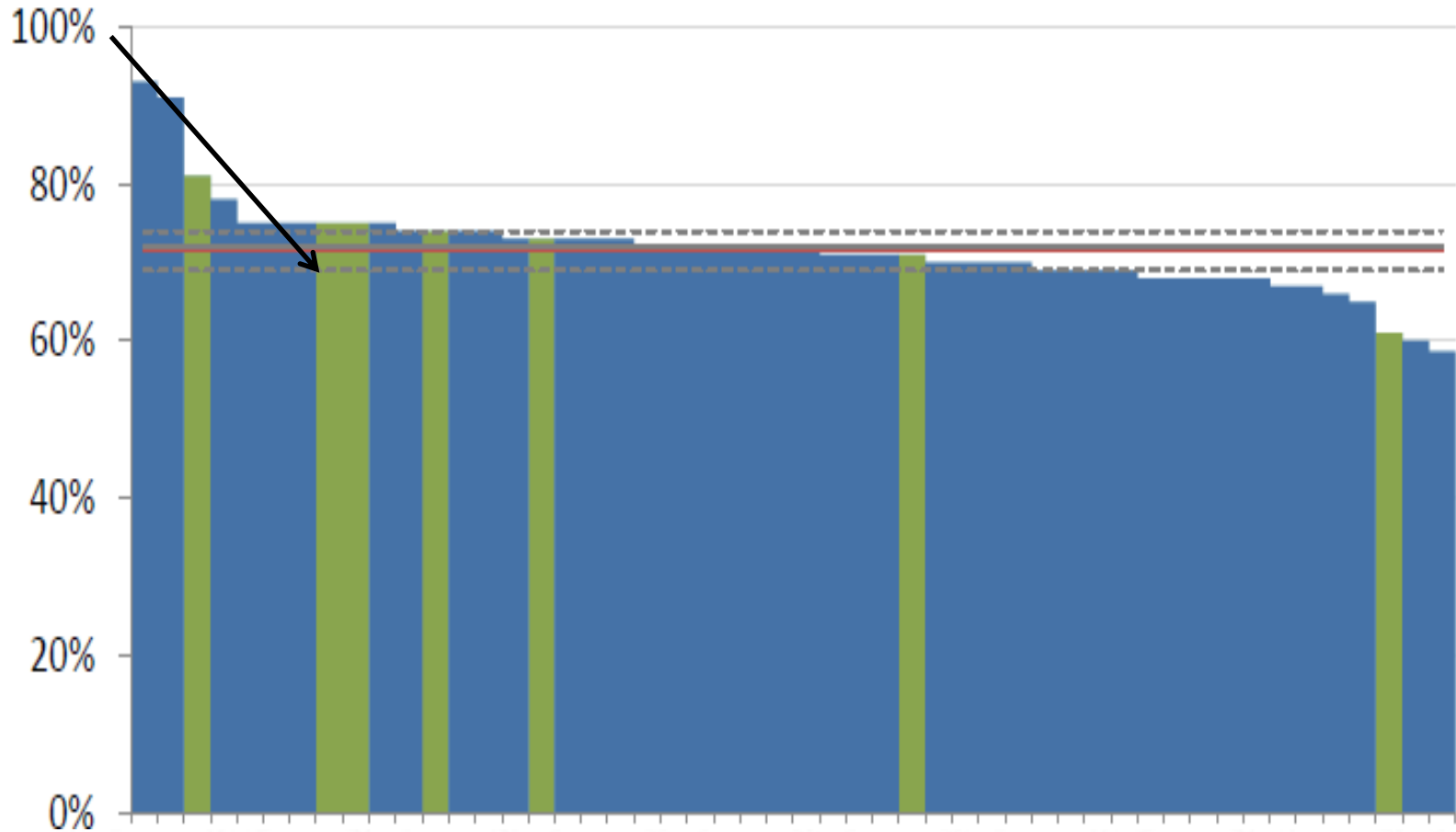


Prevalence of Clusters 10-16

Community Cluster Profiles: Prevalence of Clusters 10-16



Community Teams: Patient Satisfaction Score





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How do we optimise community care?

- All units are supported by Home Treatment Team (HTT), Gatekeeping and to support timely discharges
- Seamless pathway between inpatient and community services
- Joint working with community workers whilst patients are on a unit
- Joint working with community workers and Home Treatment Team whilst patients are with HTT



How do we optimise community Care?

- One Assessment Unit – 14 beds Assessment Ward is modelled around a 7 day assessment service
- Single Point Assessment Service (SPA), frees CMHT to focus on recovery
- Regular Whole System meetings to review pathways and interfaces between inpatient and community mental health services
- Patient/Carer feedback to improve service delivery and provision





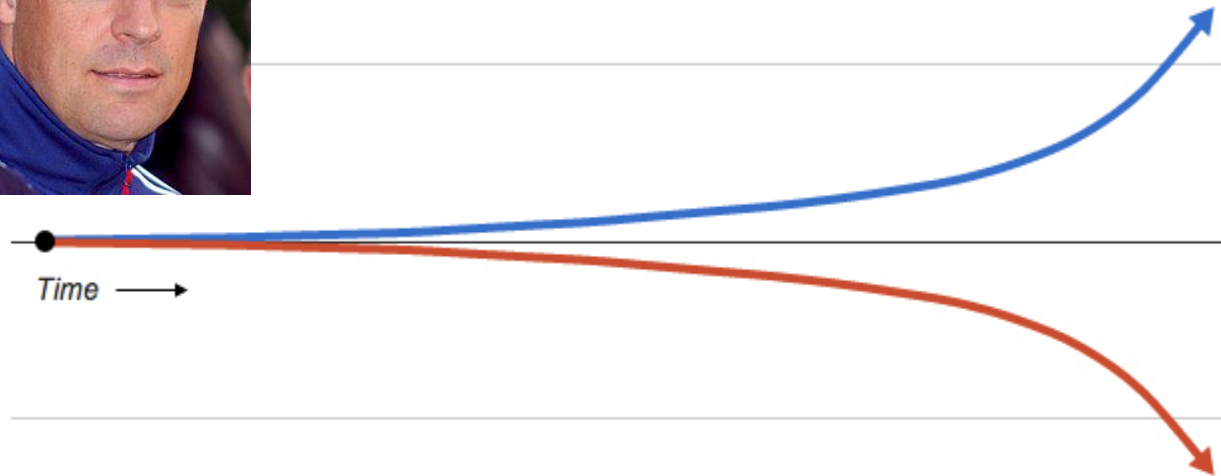
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Aggregation of Marginal Gains

- 1% Improvement
- 1% Decline



Challenges: Community Services at Humber

- Maximising productivity in community services to reduce overall waiting lists
- Positive approach to caseload management and moving patients through the pathway in a more timely manner
- National Waiting Times standards to be implemented in line with NICE guidance / EIP standards
- Recruitment and Retention vs. Efficiency Savings
- Personality Disorder Service?



Summary

- Below average number of beds
- Low emergency readmission rate
- Above average incidence of psychosis

- High community contacts
- Home treatment model as a fundamental alternative to bed based care
- Industrial scale community services
- Good patient satisfaction





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Questions?



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OATS: Out of Area Treatments



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OATS: Out of Area Treatments

- Patients who are out of borough, or out of Trust
- Includes NHS and Independent Sector beds
- May still be in closest bed e.g. closest female PICU
- Other reasons include
 - no capacity locally at time of admission
 - patient choice



OATS Stocktake

9 week audit in London showed

- 97.8% of patients were in own Trust
- 0.6% of patients in other NHS Trust
- 1.7% of patients in Independent Sector

Where patients were 'out of area'

- Typically where local capacity has not been commissioned 'in area'
e.g. Female PICU, Tier 4 CAMHS



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Use of Restraint



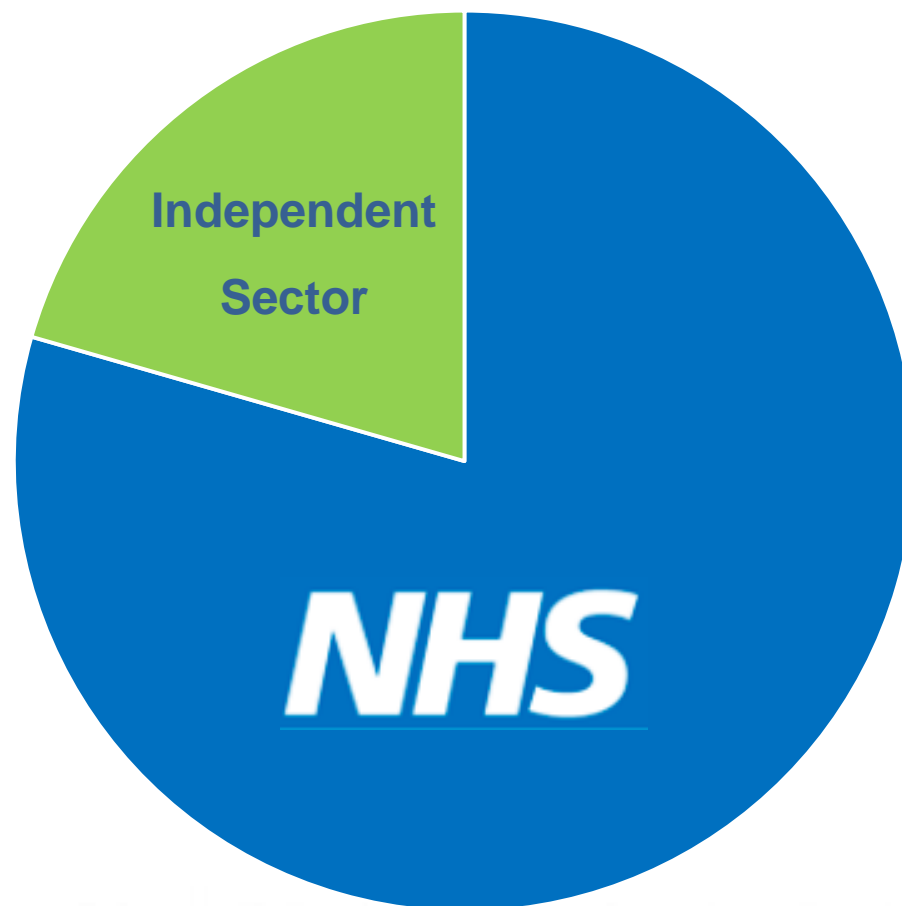
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Scope: Participants

- 58 NHS Trusts
= represent 85% of beds included in the audit
- 15 Independent Sector providers
= represent 15% of beds included in the audit



Scope: Bed Coverage

26,445 beds

Mental Health 22,394 beds

CAMHS
1,096
beds

LD
2,955
beds

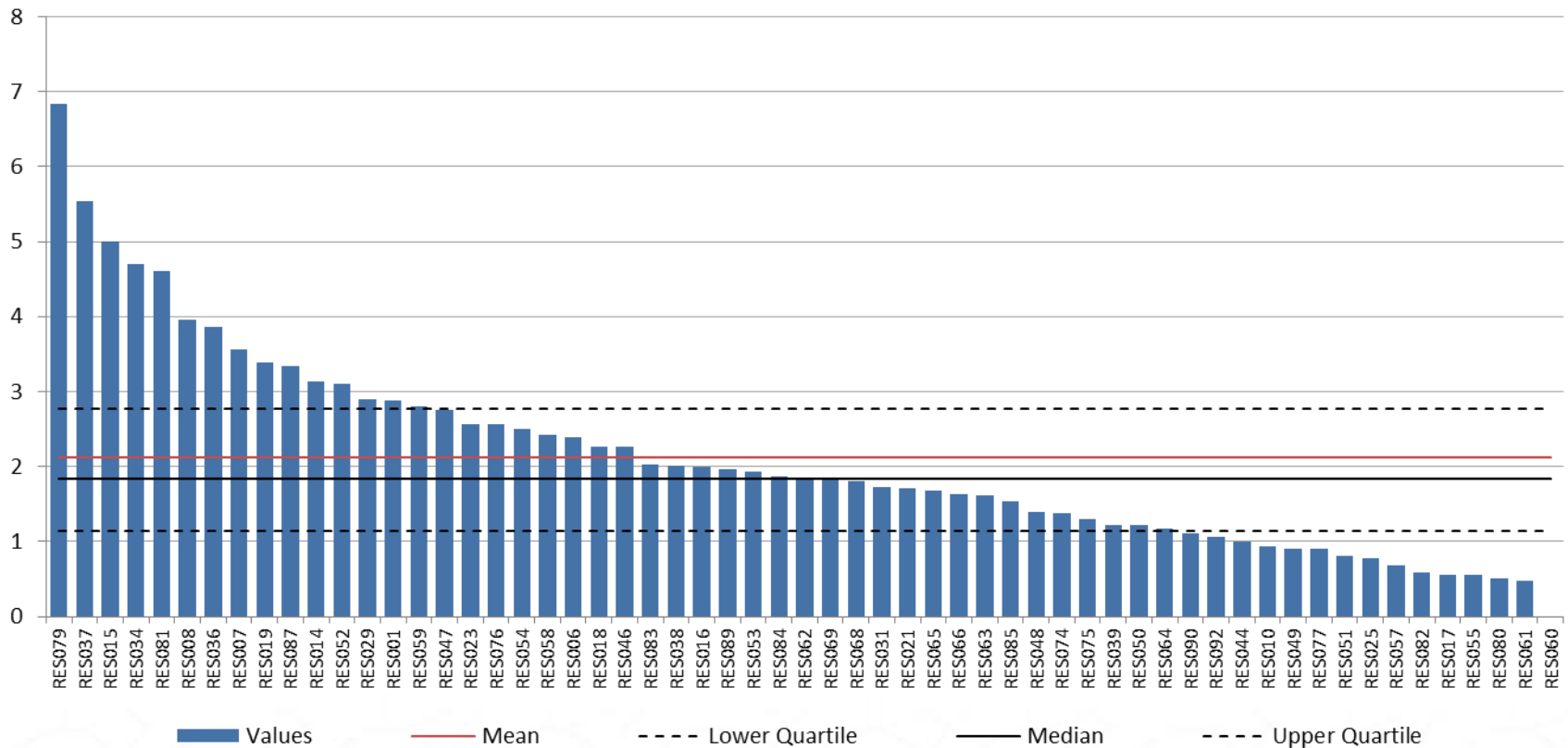


August Overview

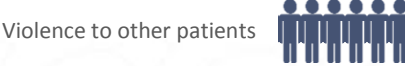


MH: Adult Acute Restraint

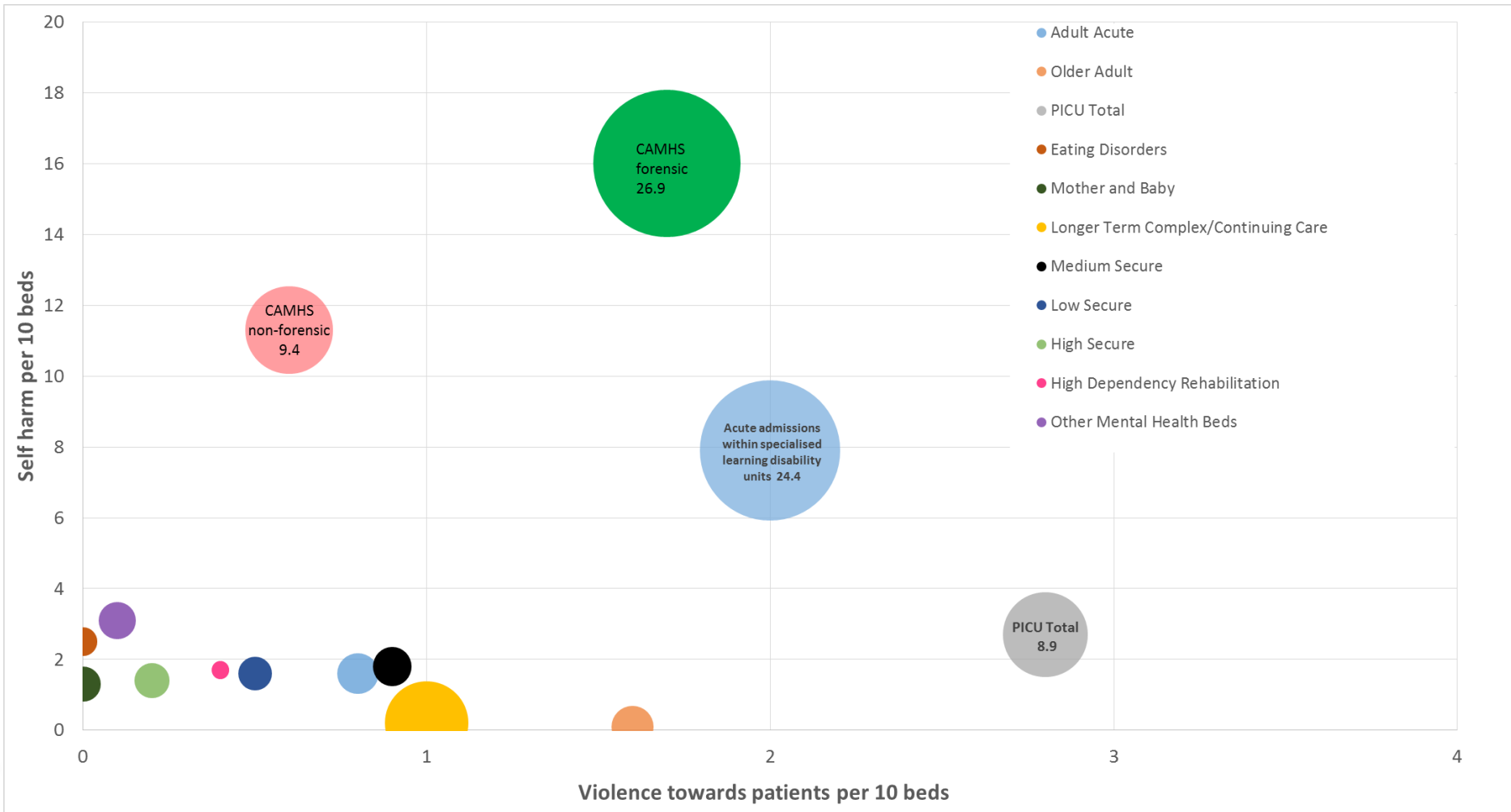
Total number of incidences of restraint - Adult Acute - per 10 beds



PICU



Violence and Self Harm



Discussion Points



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