



Beyond the NHS Plan: evaluation of the transformation of adult mental health services from inpatient-centred to community-focussed-Interim findings



The Princess Royal Trust
for Carers in Hampshire

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Drivers for change

- National:
 - ✓ No Health without Mental Health
 - ✓ Need for efficiency within budgetary constraints
 - ✓ QUIPP
 - ✓ Service users consistently express preferences for community focussed services
 - ✓ Personalisation and Recovery agenda
- Local:
 - ✓ Commissioning priorities



Key objectives of the redesign

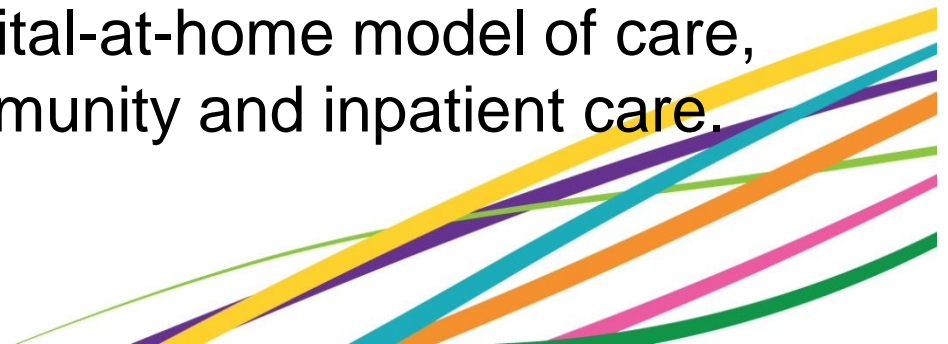
1. Improving access to services through a single point of entry.
2. Delivering improved assessments that do not need to be duplicated and are recovery oriented
3. Streamlining community teams in order to deliver a simplified pathway of care
4. Shifting acute care from inpatient to community settings
5. Embedding a recovery oriented culture
6. Improving relations with carers and other care providers



Redesign model:

Strengthened community model through development of:

- **Assessment teams (AAT)** that serve as a single point of entry, meaning one route into all parts of the services - core assessment provided as a 'passport' around the system of care with emergency and urgent care.
- **Integrated community treatment teams (CTT)** to ensure that people get the right help at the right time whilst benefitting from specialist skills.
- **Acute care teams (ACT)** that consist of fewer inpatient units and a strengthened hospital-at-home model of care, bridging the gap between community and inpatient care.



Study questions

1. Do the centralised and specialist assessment processes lead to improved quality and access to services for service users, their carers, and referrers?
2. What are service user experience and staff and carer perceptions of care outcomes?
3. How does integration of EIP and AOT function into CCT teams impact on care delivery?
4. Is inpatient bed usage appropriate to the needs of service users, leading to reduction in admissions and length of stay?
5. What is the cost consequence evaluation of the redesigned services compared to previous services?



Methodology

Quantitative and qualitative:

- Surveys- Service users; Staff; GP
- Carer focus groups
- Interviews – Service users; Staff
- Audit
- Information systems



Design

6 months before & 6 months after

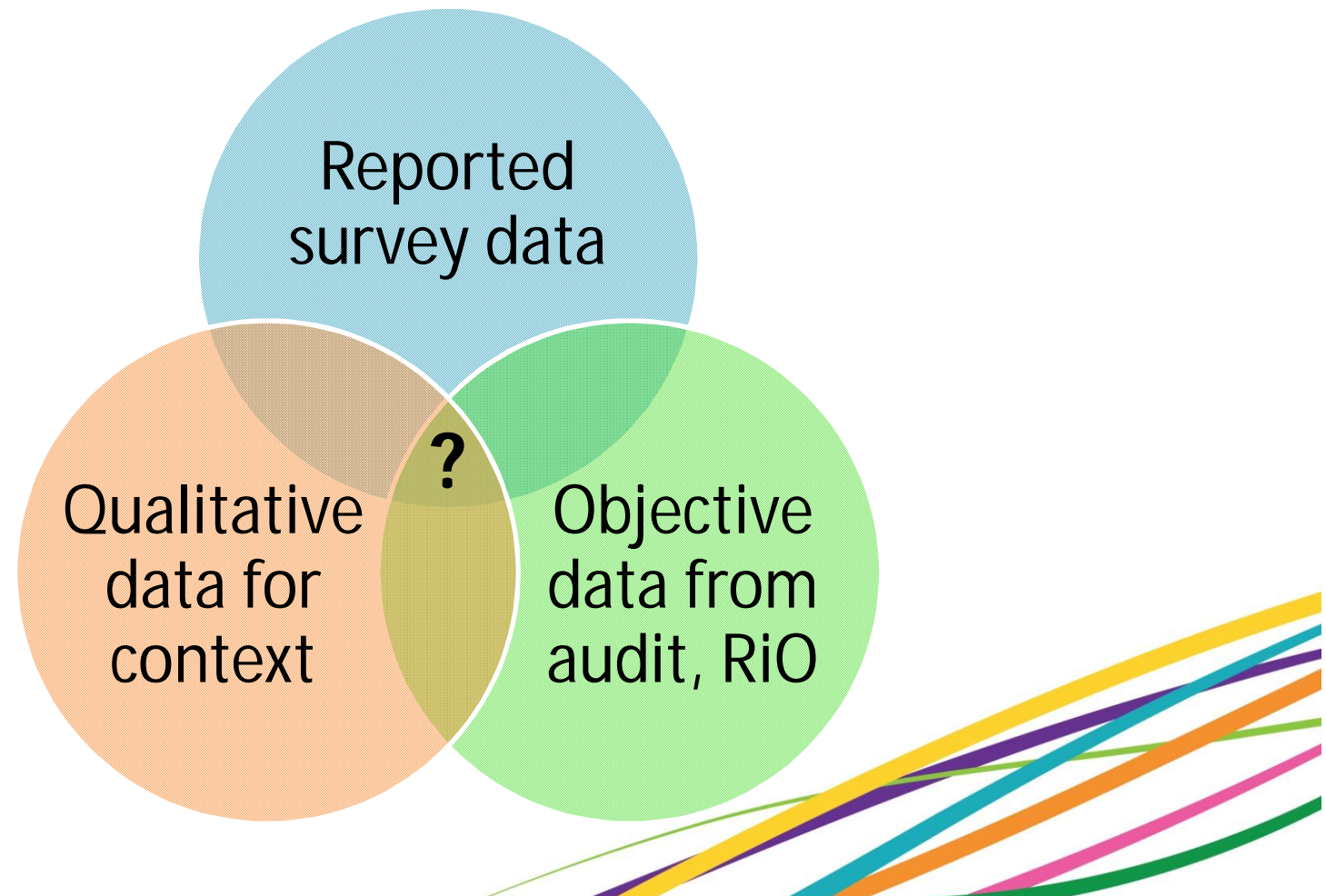
Timing:

1st October 2011- 31st December 2011

1st October 2012- 31st December 2012



Triangulation of evidence sources

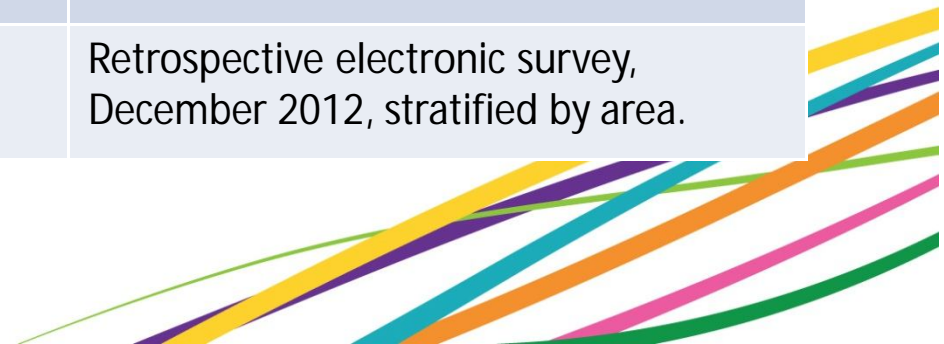


Source	Access and assessment	EIP and AOT impact on care	Information/ communication	Use of inpatient care/ HAH	Outcomes/ Quality	Resources
Staff, carer and SU interviews	★	★	★	★	★	★
Staff survey, SU surveys	★	★	★	★	★	★
GP survey	★	★	★	★	★	
Core Assessment report	★		★			
Assertive outreach audit		★	★			
AOT/EIP audit		★	★			
HR and finance data					★	★
RiO output - LOS , OBDs, re-admissions	★			★	★	★



Quantitative surveys in AMH study

Source/data type	Total received (total analysed)	Brief description
Staff survey	n= 302 (295)	Retrospective electronic or paper-based survey, December 2012 (8 months post re-design) stratified by role.
Service User survey - new	n = 106 (82)	Retrospective paper based survey on SU new to the service, first referrals, December 2012.
Service User survey – prior	n = 376 (362)	Retrospective paper based survey on SU known to the service, prior referrals, December 2012.
GP survey	n = 147 (146)	Retrospective electronic survey, December 2012, stratified by area.



Quantitative sources in AMH study

Source/data type	Total received (total analysed)	Brief description
Core Assessment audit (cases)	62 pre redesign 64 post redesign	Independent audit of casenotes by psychiatrists, stratified by profession, December 2012
Assertive outreach audit (cases)	41 pre redesign 27 post redesign	Independent audit of casenotes by psychiatrists, stratified by profession, December 2012
EIP audit (cases)	48 pre redesign 29 post redesign	Independent audit of casenotes by psychiatrists, stratified by profession, December 2012
HR data, CIRs	1724 pre redesign 1599 post redesign	Q4 2011 compared to Q4 2012, sickness and absence data, incidents
Finance/resource data	Roll over 2012 compared to roll over 2011 data	Total expenditure, in addition unit costs for bed days, inpatient episodes, units of staff resource
RiO output – Electronic Medical Records	Q4 2011 compared to Q4 2012 RiO output	LOS , Occupied Bed Days, re-admissions, re-referrals

Qualitative sources in AMH study

Stakeholder	Surveys open questions	Interviews/focus groups
Service Users	n=106 (new) n= 376 (prior)	3 interviews
Carers	No surveys	4 focus groups (n=29)
Staff	n= 302	26 interviews
GPs	n= 147	None

- Surveys, developed and piloted with involvement of service users, staff and stakeholders
- Semi structured interview schedules and topic guides were based upon key themes included in re-design and surveys
- All interview data was fully transcribed and sections independently double-coded by two researchers
- NVIVO (analytic software) was used to elicit inductive (from the data) and deductive (from the interview schedule) themes in the findings



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Key Findings

- A higher proportion of service users reported the changes through the redesign positively compared to General Practitioners (GP) and staff
- Access improved but the quality of assessment had not improved and re- assessments had not reduced
- Recovery focus improved
- Transitions were reported as difficult



Referrals and transitions

Info from data warehouse

- The number of service users discharged after 1 or 2 face to face contacts fell from 1916 (44.2%) to 1113 (35.2%) pre and post re-design although the proportions were similar.
- The proportion of re-referrals within 28 days dropped from 22.3% to 12.06%, and the number re-referred within 90 days also dropped from 30.1% to 16.1%.



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Care planning - surveys

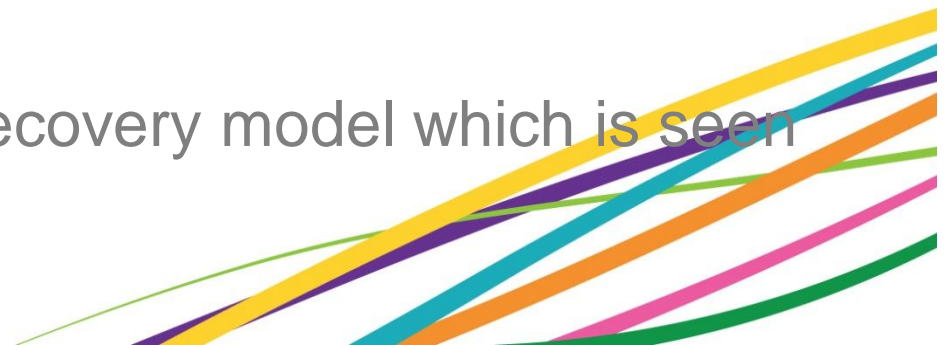
Clinicians	Improved %	Not changed	Negatively changed
Care goals clearly specified	19.4	40.8	23.6
Involvement of service user	14.7	44	25
Inclusion of carer	14.7	44	25
Avoidance of repetition or duplication	18.9	33.6	30.1

Service users	Improved %	Not changed	Negatively changed
Care goals clearly specified	26.9	47.2	17.5
Clarity around coordination of care	34.7	40.4	18.9
Availability of information	20.5	12.4	46.5



Service user experience, staff and carer perceptions of care outcomes - Qualitative

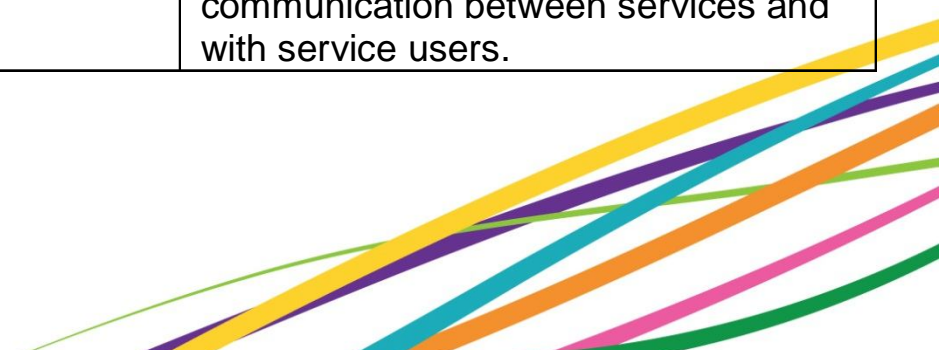
- Key elements of care quality were perceived to impact upon care delivered: management of information to support clinical care delivery, continuity of care for individuals and a truly patient centred approach with involvement from the service user to aim for recovery.
- Care plans are more regularly reviewed but clear goals for care being set is a work in progress.
- Transitions around the service can be difficult; lengthy, based upon capacity.
- Staff are focussed on the recovery model which is seen as a positive.



CIR Trend analysis

Total number of CIRs pre-redesign-13; post redesign: 14

	Before the redesign	After the redesign
Total count CIRS	n=13	n=14
Event types	Death (n=7) Death due to natural causes (n=2) Non fatal over dose (n=2) Brandishing knife in public place (n=1)	Death (n=1) Death by misadventure (n=1) Unexpected death (n=1) Death cause unknown (n=1) Death by heroin toxicity (n=1) Death by substance abuse (n=1) Probable suicide (n=5) Near miss (n=1) Hanging does not specify led to death (n=1) Fall injury sustained (n=1)
Recommendations	Management of the quality of information and processes were not always supporting the management of service users	Themes are tying in with staff interviews with reference to the quality of documentation but also the communication between services and with service users.



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Key Findings

- Integration of the Assertive outreach (AO) function into integrated teams did not have a negative impact
- Integration of Early intervention in psychosis (EIP) teams diluted the function.
- Southampton shows different needs and having maintained a dedicated AO & EIP shows better compliance with PIG.



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Key findings - data

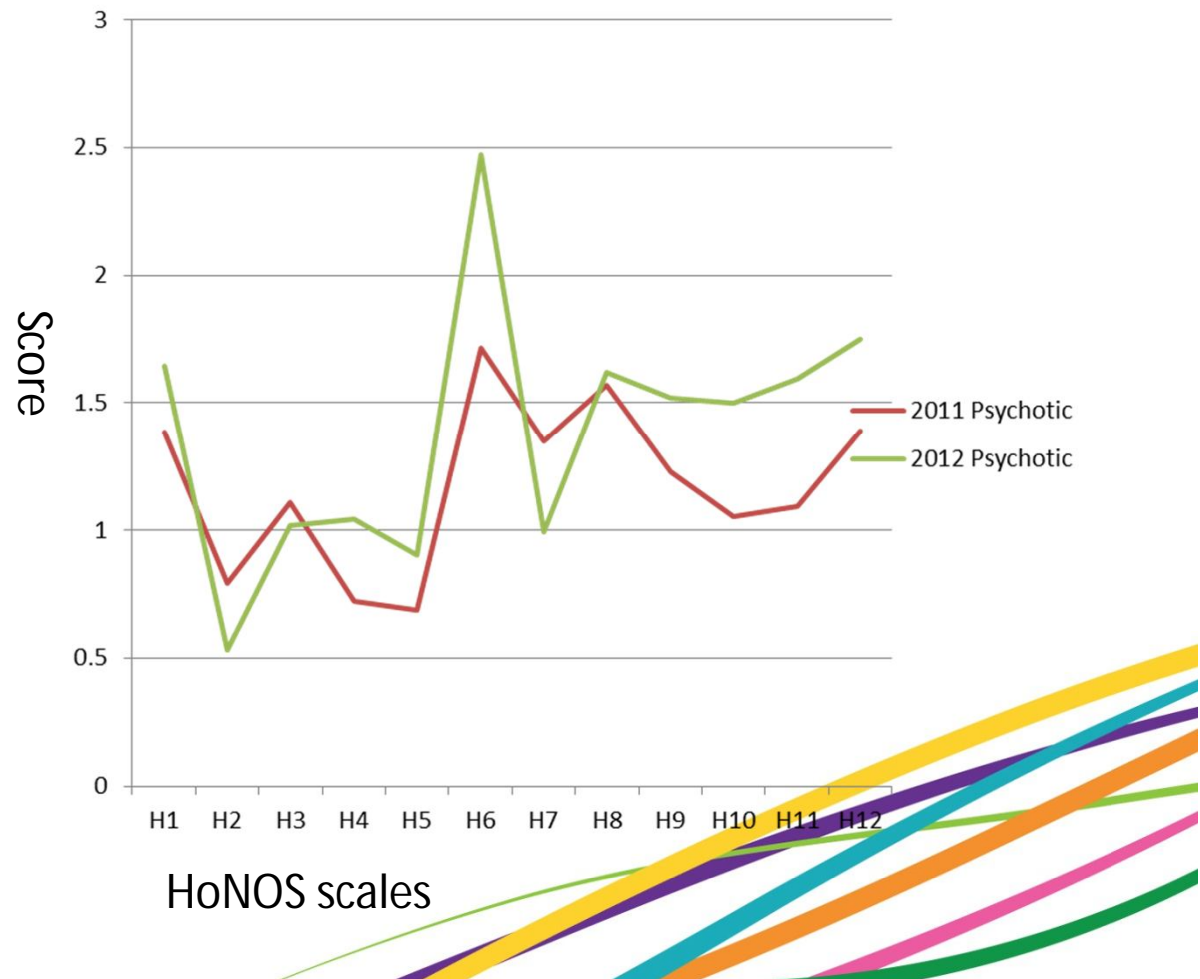
- Number of admissions reduced (26.64%)
- 28 day readmissions did not increase
- Occupied Bed Days (OBD) reduced
- Bed occupancy increased
- The mean Length of Stay (LOS) at different sites was not significantly different
- Proportion of detained patients increased (95% CI 5.35% to 20.45%)



Patient admission profiles

2012 compared to 2011

- Higher agitation
- Lower suicidality
- Higher psychosis
- Lower social scores



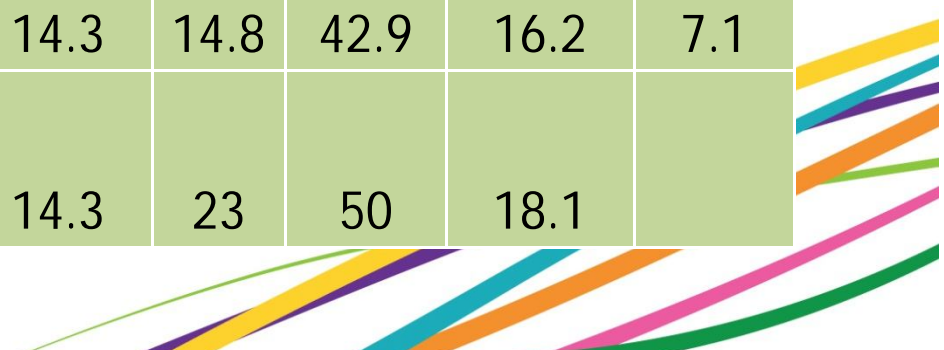
Survey data

	Improved %			Same %			Worse %		
	Clin	GP	SUg	Clin	GP	SUg	Clin	GP	SUg
Clarity of Crisis	14.9	20.9	37	23	29	40.8	41	35.5	17.3
Transition to acute	8.4	12.4		29.4	27.3		36.9	28.9	
Management of crisis	19.9	19.7		18.9	32		39.6	28.7	
Hospital at home	22.1	14.5		20.4	28.2		34.4	17.8	
Least restrictive	16.8	2.8		32.3	32.3		27.7	12.1	
Timely discharge	14.2	4		28.3	33.9		36.1	29	
Location of inpatient		2.5	18.3		50.8	41.3		19.7	12.7
Inpatient stay			58.8						32.4



Experience of hospital at home

	Excellent		Good		Satisfactory		Poor	
	SUg	SUy	SUg	SUy	SUg	SUy	SUg	SUy
Supporting you to stay safe	40.3	35.7	25.8	14.3	12.9	50	4.8	
Number of different staff members that you saw	25	14.3	30	21.4	25	57.1	18.4	7.1
Frequency of contact with staff	27.9	35.7	29.5	14.3	14.8	42.9	16.2	7.1
The length of time the staff spent	31.1	35.7	27.9	14.3	23	50	18.1	



Experience of Inpatient service

	Excellent		Good		Satisfactory		Poor	
	SUg	SUy	SUg	SUy	SUg	SUy	SUg	SUy
Supporting you to stay safe	42.9	22.2	42.9	27.8			14.3	33.3
Number of different staff members that you saw	25	11.1	25	38.9	12.5	38.9	37.5	0
Frequency of contact with staff	25	16.7	12.5	33.3	37.5	27.8	25	5.6
The length of time the staff spent	25	22.2	12.5	16.7	37.5	33.3	25	16.7



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Infrastructure resources

- Access to information and clinical records – same or improved in majority apart from psychiatrists
- Access to networks and technology generally the same, with some improvements but some areas worse.
- Administrative capacity perceived to be worsened by most staff groups.
- Office space had most significant negative response in terms of perceived worsening since the re-design.



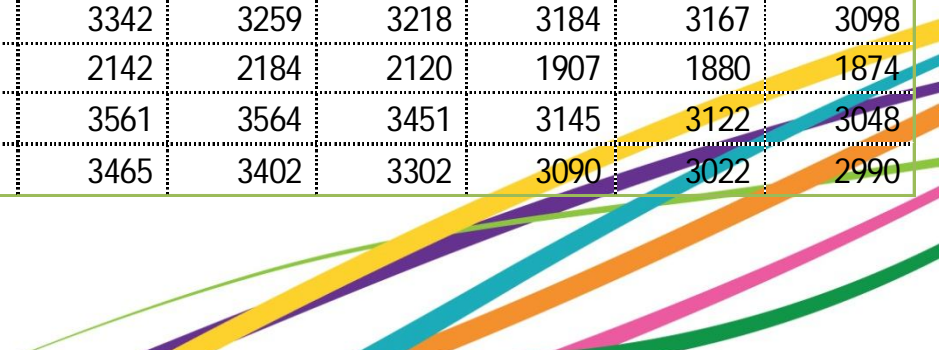
Resource use and capacity

- Occupied bed days decreased costs for Q4 to Q4 comparison by 20%, a total of £889,608.
- Staff resource reduced by 7.2% from 1724 to 1599 staff in same period.
- Sick days increased between the two periods by 7.8% despite reduction in staff numbers.
- Caseloads reduced continuously 9.4% across the quarter from a total of 37,010 patients to 33,537 with reductions across all teams.

	Oct-11	Nov-11	Dec-11	Quarter total
OBDs	4,372	3,859	3,823	12,504
£367/day	£1,604,524	£1,416,253	£1,403,041	£4,423,818

	Oct-12	Nov-12	Dec-12	Quarter total
OBDs	3,443	3,071	3,116	9,630
£367/day	£1,263,581	£1,127,057	£1,143,572	£3,534,210

Area	Oct-11	Nov-11	Dec-11	Oct-12	Nov-12	Dec-12
All	12510	12409	12091	11326	11191	11010
East	3342	3259	3218	3184	3167	3098
North	2142	2184	2120	1907	1880	1874
South	3561	3564	3451	3145	3122	3048
West	3465	3402	3302	3090	3022	2990



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Recommendations

- Work plans around areas that need developing:
 - Quality of assessments
 - Transitions
 - EIP
 - Staff engagement
 - Communication with GPs

