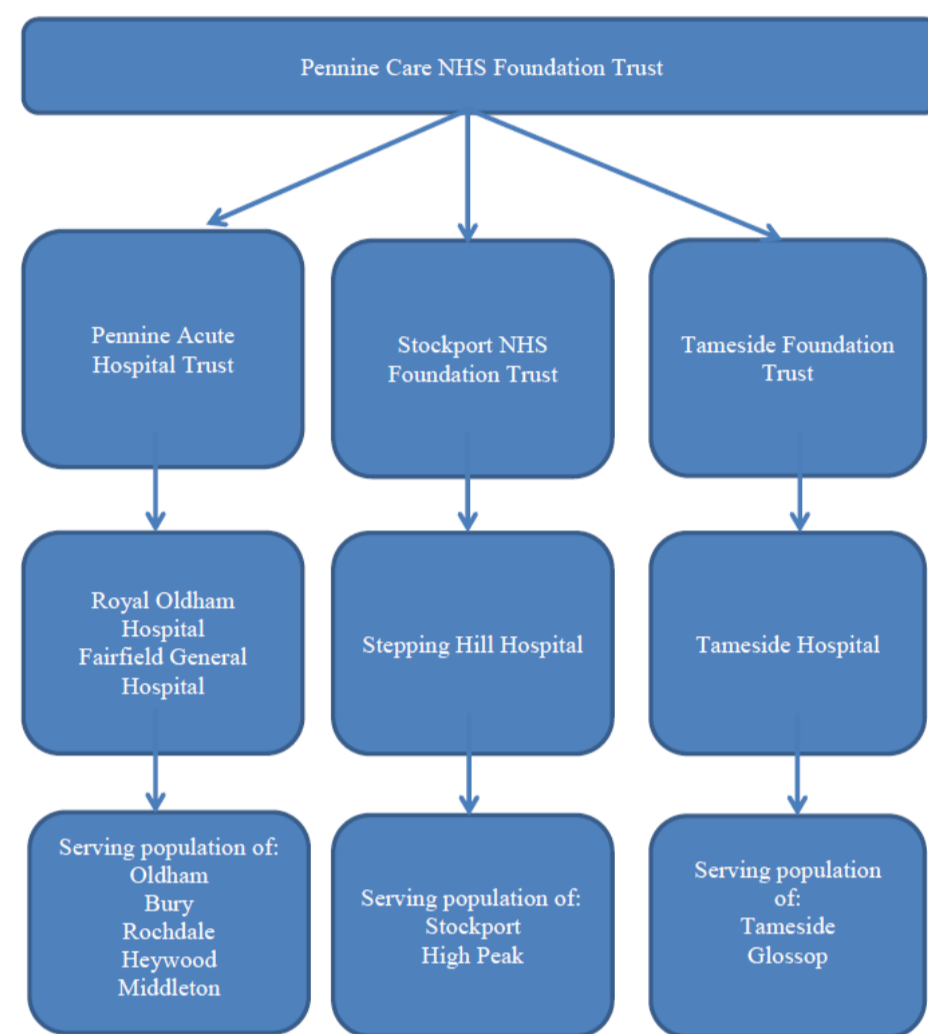# An Evaluation of the Pennine Care NHS Foundation Trust Rapid Assessment Interface and Discharge (RAID) teams

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Introduction

Pennine Care NHS Foundation Trust has approximately 6,000 staff providing mental health and community services to 1.3 million people across six the boroughs of Bury, Oldham and Rochdale.

The Pennine Care RAID service utilises some of the key principles of the Birmingham model; providing clinical support and education for hospital staff who work with patients in an inpatient setting. Additionally, the Pennine RAID service has a particular emphasis on people who have dementia.

Each acute hospital site has access to the three key functions of the RAID service which are as follows:

⇨ 24/7 mental health liaison into the Accident and Emergency Department (A&E);
⇨ 7-day older people's mental health liaison into inpatient wards;
⇨ Alcohol liaison into A&E and acute trust wards.

Methodology

Service evaluation

The project has developed partnerships with three individual acute trust providers in order to implement the approach and facilitate this evaluation.

A service evaluation of the Pennine RAID service was carried out from three different perspectives:
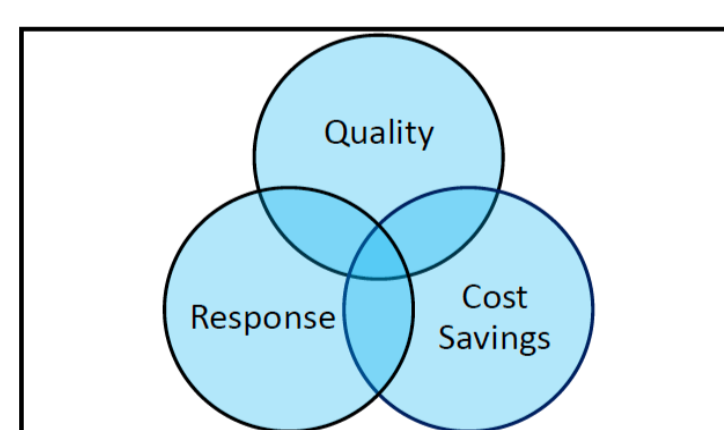
1. quality of the service provided;
2. response of the team, and;
3. cost savings achieved.

Data for the evaluation was obtained from both the acute trusts and mental health trusts. For cost savings three groups were created and analysed. The three groups are as follows:

1. RAID group: consisted of patients who were referred to and treated by the RAID team between 1 April 2013 and 1 April 2014.

2. RAID influence: consisted of all emergency admissions with a mental health diagnosis code that were not referred to RAID but had a discharge date between 1 April 2013 and 1 April 2014. This group was entitled the 'RAID influence' group because RAID provided training and support to the acute hospital staff that managed these patients; it reflects RAID influence on the rest of the hospital.

3. Retrospective group: was a retrospective control group (pre-RAID) consisting of admissions with a mental health diagnosis code with a discharge date between 1 April 2011 and 1 April 2013.

To evaluate the cost savings made across the RAID service; length of stay, the discharge effect and readmissions were evaluated.

Results and discussion

Diagnosis	Number of assessments (percentage)
Mood (including: mood depressive episode, other anxiety disorders e.g. panic disorder)	218 (11.1%)
Others: No mental health difficulties	185 (9.5%)
Psychotic substances (including: alcohol, psychotic substances cannabinoids)	99 (5.1%)
Organic: Unspecified dementia	93 (4.7%)
Organic: Vascular dementia	85 (4.3%)
Organic: Delirium (not induced by substances)	83 (4.2%)

Diagnosis of patients referred to RAID

RAID interventions

The most common RAID interventions included: formal psychological assessment (19.9%); psychological support (16.5%); advice on medication (13.8%); behaviour management (10.2%); new psychiatric diagnosis made (4.9 %).

Cost savings

RAID appears to have significant saving thorough:

a. Reducing length of stay

RAID influence out performs RAID in length of stay saving. Matching for the RAID influence group was more powerful than the RAID matching; this is highly likely due to the age differences between the two groups. Matching the RAID admissions (104 admissions of 1760 admission) showed in total that the RAID patients have incurred an extra cost of 0.6 day (1056 bed days). The total saving of the two groups is a saving of 5168 bed days, these account for 14 beds saving every day.

The RAID influence group, on the other hand (1141 of 15560), showed an average saving of about 0.4 (6224 bed days) days when compared with the retrospective group.

b. Reducing readmission

Both the RAID and RAID influence group have shown a better readmission profile than the retrospective patients.

c. Facilitating discharge

66% of patients were discharged within one week from being assessed by RAID.

d. Influencing discharge destination

Though most of patients went back to their usual place of residence, RAID patients were more likely to go to temporary place of residence, care home or NHS run facility.

Staff and service user satisfaction

Patient and carer satisfaction

There were a total of 71 responses to the patient/carer satisfaction survey (patients n=27, carers n=44). The majority of patients/carers rated the RAID service as excellent (54, 76.1%).

Staff satisfaction

There were a total of 118 responses to the acute staff satisfaction survey, the majority of which were positive.

- **100%** rated the process of referring as straightforward
- **100%** rated communication after referral as being done in a timely manner
- **100%** rated communication after the assessment as being done in a appropriate timely manner
- **93.2%** reported that the service provided by the RAID team had a positive impact on the care of the patient and that the involvement of the RAID team improved the quality of care provided.

The RAID team provided good quality service that was highly rated by patients and staff. 95% of the patients and 97% of the acute hospital staff rated RAID as excellent or good.

RAID in Pennine Care NHS Foundation Trust provided an effective training programme to the acute hospital staff that was very well received and seemed to be effective in terms of good outcomes for the RAID influence group.