A New Model of Urgent and Emergency Mental Health Care

Transforming Urgent Access to Mental Health Services across 7 days & Interfacing with the wider system

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Transforming Services
Principal Community Pathways

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Overview

• Context
• Initial Response Service (IRS) Development/ Evaluation/ Outcomes
• Trends in bed usage after 2-years of the urgent-access model
• The wider urgent mental health care system
A Network of Community Facing Urgent Mental Health Services

- **URGENT ACCESS**
  - 24/7 Telephone Triage
  - 1-hour response face to face triage
  - Universal Access
  - Interfaces-shared pathways

- U/C Hub, 111, NEAS
- 7-Day Consultant Working
- OP Liaison Psychiatry/Community
- Adult Liaison Psychiatry (in the ED)
- LA/ Social Services/MHA work
- Street Triage-Extended Hours
- Adult (ageless) Crisis team
- Community Mental Health Teams

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2010: The Service Model Review

Request for Help

Initial Response
Initial evaluation regarding nature, risk, complexity and urgency of the problem

Signposting to principal service pathway for assessment and formulation

- Mild - severe non-psychotic
- Very severe & complex non-psychotic
- Psychosis
- Dementia
- Neuro-disability
- Learning Disability
- Children & Young People
- Substance Misuse

More Intensive Packages of Care
- Medium Security
- Psychiatric Intensive Care
- Low Security
- Specialist Ward Environment
- Acute Ward
- Intermediate Facility
- Crisis Bed
- Intensive Home Treatment
- Challenging Behaviour Assessment Formulation & Treatment Planning
- Crisis Assessment

Scaffolding

Discharge

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A new urgent access model was developed following extensive engagement and co-design with service users, carers, GPs and commissioners.

Like a lot of areas:

- Problems getting through to Crisis Team by phone as Triage saturated++
- Overnight and at peak demand times callers could wait hours for a return call from a clinician - even longer for face to face contact
- Too many exclusion criteria - Too much bouncing
- No ready point of access for Older People or People with a significant Learning Disability seeking Urgent Advice/ Intervention
- Fewer than 35% of referrals needed admission/ home treatment
- Most of the non-crisis referrals required advice/ signposting but at low risk/ acuity
2012- Phase 1: The Model

The Principles:
- 24/7 Universal telephone access for requests for urgent help.
- No restrictions on who can refer
- Triage and Routing over the phone - **No bouncing**
- Face to Face Triage (**Rapid Response**) if clear plan cannot be determined over the phone
- Patient defined crisis- response agreed and negotiated through the service

Achieved with:
- Investment in staff for enhanced telephone and face-to-face response
- Use of digital dictation and 3G laptops for clinical documentation
- Flexible interchangeable roles and rotation between Crisis Team and IRT roles dependent on demand.

**Culture change**
Initial Response Service
South of Tyne and Wear

REQUEST FOR HELP

Information Collection & Routing

Gateshead

South Tyneside

Sunderland

GH UCT
Home Based Treatment
Assessment
Gatekeeping

ST UCT
Home Based Treatment
Assessment
Gatekeeping

SL UCT
Home Based Treatment
Assessment
Gatekeeping

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Evaluation-IRS in numbers

Typical weekly activity

• 3000+ Incoming telephone calls (3000+ outgoing calls)
• 1500 Total Contacts
• 500 Home-based Treatment contacts
• 60 Crisis Assessments
• 150 Rapid Responses
  …and growing

• 90% calls answered within 15 seconds
• >98% within 3 minutes (Average=9 Seconds)
• >80% rapid responses (face to face triage) achieved in under one hour
IRS Referrals (Q3 2013)

Other includes:
- Self Harm Team
- Acute Care Trust
- NTW Inpatient Ward
- Ambulance
- Consultant Psychiatrist
- Residential Care Facility
- Drug and Alcohol Services
- IAPT
- Member of Public
- EDT
- Probation
Service Feedback

If a friend were in need of similar help, would you recommend the service to him/her?

- Yes: 100%
- No: 0%

Were you provided with the help or information you needed?

- Yes: 90%
- No: 10%

Do you feel that they showed kindness and compassion towards you?

- Yes: 100%
- No: 0%

**GP**

- The service is responsive and friendly
- Fantastic – a huge improvement!!
- I felt listened to and was delighted
- You should have done it before

**Service User and Carer**

- I cannot imagine where I would be today if you had not been there for me.
- You listened and told me what to do
- I couldn’t have got this far without your help
- Keep this very valuable service going

**Staff**

- More manageable
- A lot happier
- Skills are valued
- Spend more time

**You do an amazing job!**

**Wonderful support!**
Impact on Bed Usage

• Following slides summarise the trends in acute adult bed usage over the 2 years from the launch of Urgent Access Pathways.
• Reasonable hypothesis that more responsive access could increase use of beds or admissions
• Data relates to PICU and Acute Adult admissions by CCG of the patient (not by ward)
• “Smoothed Data” refers to processing of data to reveal trends in the raw data
Median length of inpatient stay by CCG

- Sunderland
- South Tyneside
- Gateshead
- North Tyneside
- Newcastle
- Northumberland
- NTW

Length of stay (days)

- Oct 2012-Sept 2013
- Oct 2013-Sept 2014
Total Numbers of Admission

North
South

July-Dec2013
July-Dec 2014

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Bed Usage Summary

North of Tyne

• Little change in median length of stay
• Slight increase in total numbers of admissions
• 9% increase in total bed usage

South of Tyne

• 22% reduction in median length of stay
• 20% reduction in total numbers of admissions
• 24% reduction in bed usage
• Equates to a conservative £3.5 million reduction in bed-costs per annum for the SoT area
Interface with NHS 111

- Slow start
- No figures pre-June 2014
- Occasional referrals before that
- Work on the DoS interface
- Steady rate of transfers for urgent clinical triage since
Referrals from 111 – Direct to IRS

- Jun-Aug 2014
- Sept-Nov 2014
- Dec 2014 - Feb 2015
- March - May 2015

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Outcome of 111 referrals into IRS June 2014 - October 2014

- Clinical Advice Only: 190
- Rapid Response / Crisis Assessment: 35
- Home Based Treatment: 12
- Signposted: 14
- Administrative Advice / Support: 27
- Back to referrer: 0
- Called Emergency Services: 0

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Seven Day Consultant Working:

- Started October 2014.
- Extended hours, 7-days
- Covering MHA, S136, Acute Wards, Crisis Teams and IRS
- All new admissions/home-treatment patients seen same day/within 24 hours max.
Psychiatric Liaison

- A robust evidenced model (based on RAID)
- 24 hours into the ED
- Same/next day ward consultation
- Reduces length of stay, readmissions and admissions through the ED
Street Triage (S136 MHA)

- The Team has been Operational from 1st September 2014
- Collaboratively working with Northumbria Police
- Team consists of 4 Police and 5 Nurses
- One PC and a Nurse in an unmarked vehicle
- 7 days a week/365 days a year
- 10am- 2am (Sun-Thurs) 10am- 3am (Fri –Sat)- Peak hours of Activity
- Aims to **Reduce the number of avoidable S136** detentions to both hospital and custody.
- And **Improve the outcomes for those who are detained** and also those who are dealt with in the community.
Total 136 detentions for South Of Tyne April 2015- April 2015

Launch of Service

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Other Key 7-day Services in Sunderland/ proposed:

- Extended Hours/ 7- day community services (assessment and treatment)
- Court and Custody Diversion (2013)
- Home treatment alternatives for patients with LD/ Frail-Older People/ Dementia patients with urgent mental health needs- ongoing
Has it all been smooth sailing?

- Culture change
- Recurring commissioning
- Implementation into a system in flux
- Differences in each locality
- More complex governance/ team management issues
The Implications:

• The Urgent and Emergency Care Vanguard- systems-wide enhancements
• The crisis care concordat- improving access a key priority
• How do we commission/ accredit/ evaluate this model of provision?
Summary

- Urgent Access has had very positive performance and feedback evaluation.
- Evidence of marked reduced bed-usage across all three SoT areas since launch of IRS- saving the health economy real money.
- 7-day Psychiatric Liaison, Consultant Working, Street Triage- all impacting on the wider Urgent and Emergency Care System positively.
- This is an ambitious systems-based model- how can it be integrated into new urgent-care health service developments?