



The Royal College of Psychiatrists in NI
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Mr John Compton
Chief Executive
Health & Social Care Board Headquarters
12-22 Linenhall Street
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Dear Mr Compton

The Royal College of Psychiatrists in Northern Ireland welcomes the opportunity to contribute to the Review of the Provision of Health & Social Care Services in Northern Ireland.

The College notes that the Terms of Reference set out by the Minister include, inter alia, a statutory duty to reduce health inequalities, the quest for better early intervention and chronic condition management, and the strategic shift of all suitable services towards a Primary and Community context. The College notes the commitment to improving public health, and the importance of best practice guidance affecting the provision of safe and effective service by NICE and the Royal Colleges.

The Royal College of Psychiatrists further notes that the Minister has stated that the Review team's essential task is to set out a specific implementation plan for changes including proposals in relation to major sites and specialties, with a particular focus on the quality and accessibility of services. The College also notes that the review has been tasked with undertaking appropriate consultation and engagement with a range of stake holders including clinical and professional leaders.

There are three broad themes which the Royal College of Psychiatrists would see as essential for the Review to consider.

These are:

- 1) Providing a greater proportion of care and expertise in a community rather than in a hospital setting.
- 2) The necessity of planning and managing services in Northern Ireland as a 'whole' system, ranging from the acute hospital to self care in the patient's own home.
- 3) The single most valuable intervention that could make a real difference to the health and well being of the population would be the introduction of minimum pricing for alcohol.

Item 1:

The Royal College carried out a survey of acute inpatient units two years ago and the consensus among consultants and ward managers was that up to 20% of acute beds were occupied by patients who did not need to be there, but remained on the wards because of the lack of appropriate community facilities. The College believes that the development of Home Treatment Services in Northern Ireland over the last number of years has enabled us to make a significant reduction in beds, while at the same time improving the quality of care for patients and their families. It is of particular note that despite the fact now there are fewer acute beds than there were three years ago, an audit carried out in 2010 showed that there was not a single transfer of an acute psychiatric patient to a bed outside their own Trust area. The College is of the view that it will be possible to make a further reduction in beds, on condition that the resulting savings are re-invested in good quality community services.

Within the different sub specialities of psychiatry including Psychiatry of Old Age, CAMHS and Learning Disability the same pattern emerges of patients who no longer require acute care remaining in acute beds. There are no dedicated Home Treatment Services in these specialities and this has at times meant that patients who have required admission to hospital have not been able to have this provided in a timely manner. This is clearly unacceptable.

The Royal College is of the view that the generally positive experience of psychiatry in providing acute care in the community could also certainly be replicated in other specialities, with consequent opportunities for efficiency savings and better care and outcomes for patients and their families.

It is important to emphasise that the service will continue to have to look after the same number of patients with the same levels of severity of illness. When patients with severe illness are managed in the community they will still need specialist care, often provided by staff who have previously worked in the hospital setting. However specialist services in the community will be much more broadly based than in the hospital setting (for example in Home Treatment in Psychiatry Community Support Workers are an integral part of the team, and in the Belfast team a full time Peer Advocate is employed).

A related theme is of 'early intervention' services. Evidence has been mounting for many years now that intervening in the earliest stages of the major psychoses can have a very positive effect on outcome with great benefit to patients and consequent savings for the health service. In Northern Ireland early intervention services are not well developed, but this cannot continue. Early intervention services must of necessity cross the traditional age boundaries and present a challenge to 'standard' ways of working. There is also emerging evidence of the value of early intervention in non-psychotic disorders including depression and anxiety. A truly innovative service will need to rise to this challenge and opportunity.

Item 2:

Discourse about health in the media all too often revolves around the politically sensitive topic of 'beds'. Following on from the previous section it will be vitally important for the Board, the Minister and indeed all of those involved in health care to emphasise that while we must of course maintain a sufficient number of hospital beds, care in the acute hospital setting is only one element of a comprehensive and integrated system; indeed the large majority of patients will not at any point require admission to a hospital setting.

By way of illustration one could highlight the plans for a potential private 30 bedded psychiatric unit for adolescents in the Ballyclare area. Given that the 18 bedded unit at Beechcroft is currently able to provide for the needs of the population it seems, at first sight, surprising that anyone would wish to provide an additional 30 beds. The key issue is that in the absence of Home Treatment, Crisis Services and Day Treatment in Child & Adolescent Services it is obvious that providing more beds would not be the first priority of a thoughtful commissioner, particularly one concerned about costs; rather the emphasis would surely be to try to offer alternatives to hospital admission.

The Royal College provided evidence to the Health Committee of the Assembly on October 5th and indicated that the development of Home Treatment, Crisis Services, Day Treatment and Enhanced Community Services for adolescents should be explored in the first instance.

Two excellent strategies produced by the Department of Health for Personality Disorders and Psychological Therapies were launched in 2010, but with very limited funding. The College would argue that many patients who have been sent to England as very expensive ECRs have conditions which could in many cases be managed locally with the help of specialist practitioners. The College regards this as opportunity of thinking of services as 'a whole system', rather than focussing on one narrow (and the most expensive!) element of the service.

In mental health the third sector has for a long time played an important role in the provision of services. There is now a range of organisations, some of them quite large and others which are local and very small, which make a real contribution to Mental Health Services. In many instances there is a good relationship between the statutory and the voluntary sector. The College is of the view however that there is room for a significant enhancement of the partnership between the two sectors and that the Board should emphasise the importance of true 'joined up' working.

The Royal College is concerned that the focus over the last few years on reducing waiting times has led to a switch of resources from severely ill patients currently in the system towards patients about to come into the system, some of whom have illnesses of a low level of severity, or in some cases no significant illness at all. The College believes that this emphasises the need for the commissioners to look at the needs of patients in their totality. While it may be the case that for example a patient with a cataract can be seen, put on a waiting list and then treated successfully in a very brief procedure, when a patient presents to Psychiatric Services with schizophrenia or dementia, this is only the start of a long, complex and often expensive period within the mental health system.

Many patients with severe mental illness find it difficult to engage with services, partly as a consequence of the disorganisation of personality which is often part of their condition. For such patients an 'assertive outreach' approach is important. There has been debate within psychiatry about the value of stand-alone assertive outreach teams; however it is accepted by all that we must develop within our existing 'recovery' community teams a more proactive outreach approach. If some patients can't or won't come to the service then the service must go to the patient.

Item 3:

The Royal College is very strongly of the view that prevention of ill health and health promotion are extremely important. The College and its members have for many years played a very active role across a range of public health activities.

As the Board will be aware the consumption of alcohol is a greater problem in Northern Ireland than in any other part of the United Kingdom, particularly among younger people and has a major impact not only upon suicide, but a range of other areas including impaired physical health, interpersonal and family difficulties and antisocial and criminal behaviour. Alcohol is a factor in an estimated 11,000 admissions annually to acute hospitals and contributes to a wide range of morbidities. The evidence is incontrovertible that the most effective way to tackle the problem of excessive drinking is by public health measures including minimum pricing, control of access, advertising and promotion. The Royal College supported the Ministers for Health and Social Development in March this year in putting forward proposals for minimum pricing. The College continues to engage with politicians of all parties on this issue and we strongly believe that no other single measure will have as great an impact upon the health and well being of the population.

The College believes that we must promote concepts of psychological resilience and mental robustness in schools and indeed throughout all community settings. It is clear that putting effort into early years will have life - long benefits and may prevent mental illness and reduce the demands upon services. This is a matter not just for Health, but for Education, Employment and practically every Government Department.

There is no health without mental health.

Conclusion

The Royal College of Psychiatrists understands the current financial constraints and the clear statement of the Minister that the Review cannot expect more money to be made available.

However it cannot be denied that demographic changes will inevitably place greater demands upon the service, and we cannot ignore the fact that in many ways we lag behind other parts of the UK. While the Bamford Review offers some opportunities for cost- savings, the fulfillment of the vision outlined in the Report will require new resourcing.

The Capacity Act will be a world first and it is very exciting that much progress has been made so far. However its implementation will need additional funding if it is to work effectively, and there will be a requirement for a massive educational programme (across all specialities).

The College is of the view that Mental Health Services over the years, both before and particularly since the Bamford Review, have engaged in a continual process of change and 'modernisation'. The College takes the view that further steps could be taken in this direction provided that, in an already under resourced service, monies freed up are reinvested in providing alternative and

more modern services. A policy of closing existing services, without providing a progressive alternative would be ethically wrong and completely unacceptable to the public and the professionals providing care for them.

The College is of the view that many of the lessons we have learned in mental health over the last number of years could be applied to other parts of the Health Service.

The Royal College would be very happy to engage with the Review team should there be need for clarification of any of the issues dealt with in this brief paper.

Yours sincerely

A handwritten signature in black ink that reads "Philip McGarry". The signature is written in a cursive style with a large 'P' and 'G'.

Dr Philip McGarry
Chair – RCPsych in NI