

Royal College of Psychiatrists' briefing Analysis of fourth COVID-19 RCPsych member survey – estates and indirect harms

July 2020

The Royal College of Psychiatrists issued a survey to its members working in the National Health Service across the United Kingdom. It was in the field from Wednesday 10 June until Monday 15 June.



468 completed responses were received from across the UK out of a total available sample of 12,900, which equates to a response rate of 3.6%.

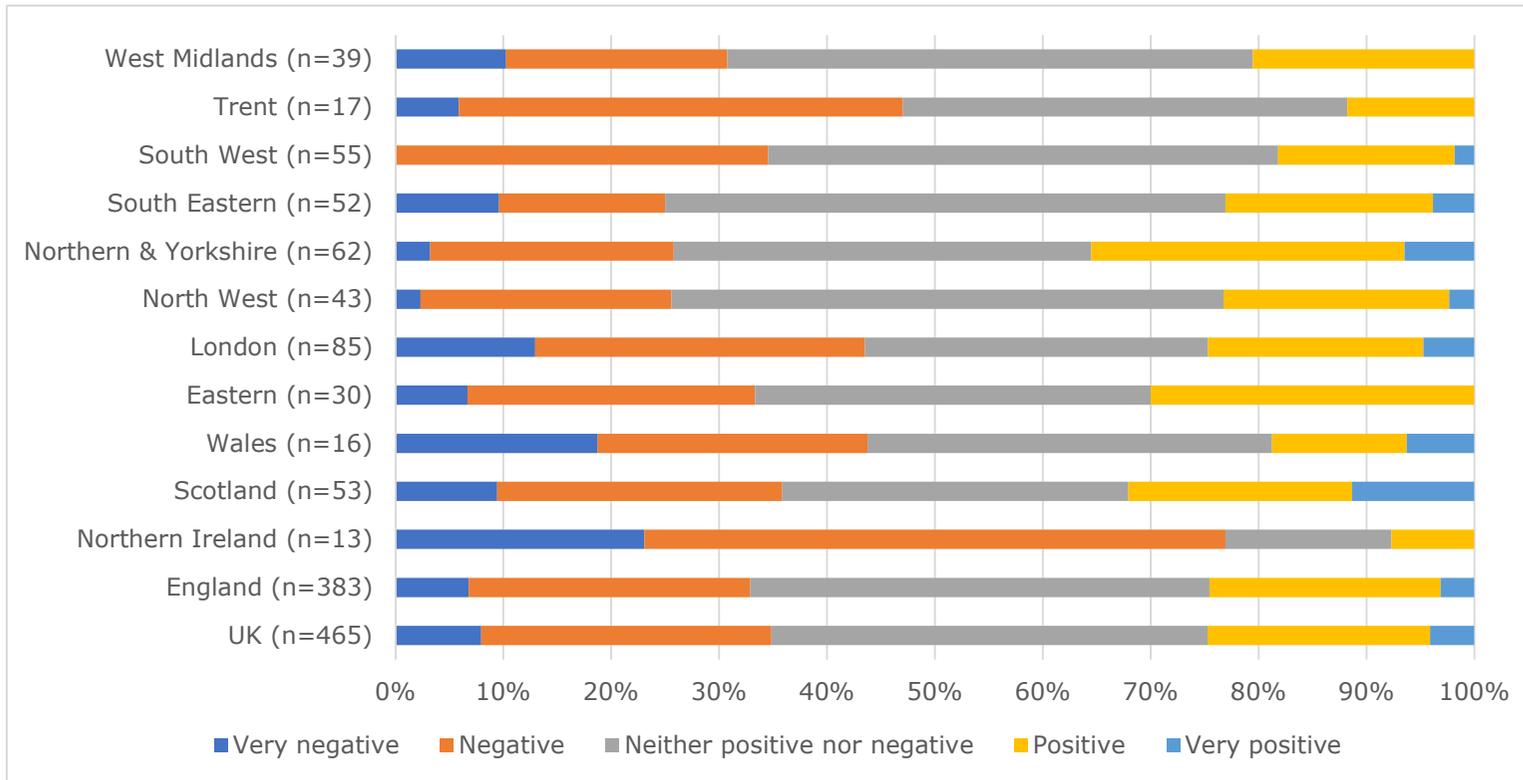
This summary will focus on the results regarding the impact of building quality on patient care and estates suitability for cohorting patients plus members' reports of changes in workload across a range of interventions. A further summary will consider other issues covered in the survey such as: access to personal protective equipment and testing; service preparedness; and remote consultations.

Building impact and estates suitability

Members were asked about the impact the quality of buildings and estates in their organisation has had upon the care provided to patients during the pandemic. Five responses were available – 'very negative', 'negative', 'neither positive nor negative', 'positive' or 'very positive'. Across the UK, 24.7% of all respondents feel the quality of buildings and estates has had a 'positive' or 'very positive' impact on patient care, equivalent to 115 of 465 of College members, compared to 34.8% of respondents who feel they have had a 'negative' or 'very negative' impact (162 of 465).

Northern Ireland was the nation with the highest 'negative' or 'very negative' responses (76.9% or 10 of 13) compared to England who had the lowest (32.9% or 126 of 386). Regional responses varied from 25.0% in South Eastern (13 of 52) to 47.1% in Trent (8 of 17). Chart 14 below shows the full results.

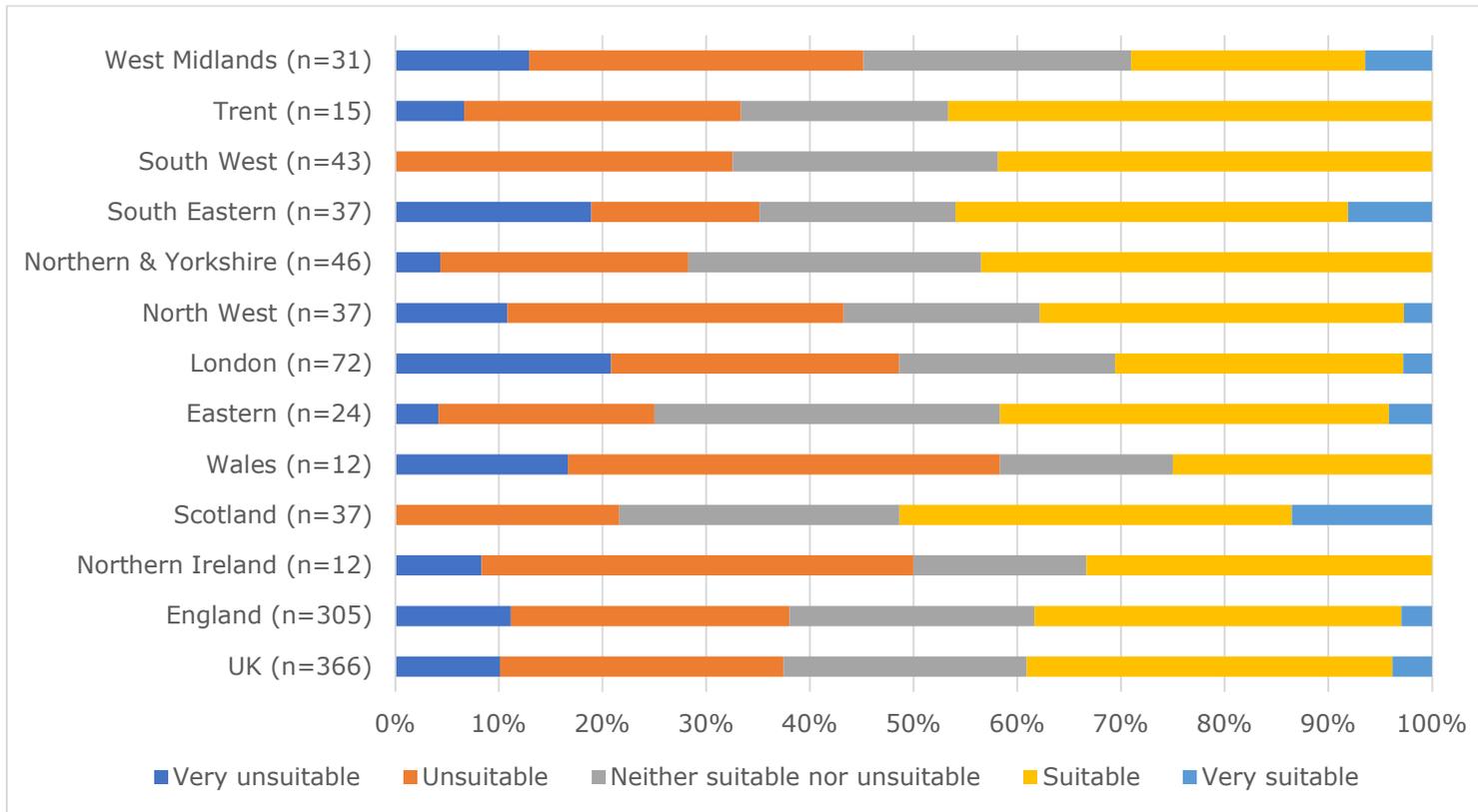
Chart 1 – What impact has the quality of buildings and estates in your organisation had upon the care provided to patients during the pandemic? Responses from across the UK and each of the RCPsych regions



Members were also asked how suitable the estates have been in their organisation for the cohorting of patients with suspected or confirmed COVID-19. Six responses were available – ‘very unsuitable’, ‘unsuitable’, ‘neither suitable nor unsuitable’, ‘suitable’, ‘very suitable’ or ‘not applicable/don't know’. ‘Not applicable/don't know’ responses were excluded from the analysis. Across the UK, 39.1% of all respondents feel the suitability of estates was ‘suitable’ or ‘very suitable’ for cohorting patients, equivalent to 143 of 366 of College members, compared to 37.4% of respondents who feel the estates were ‘unsuitable’ or ‘very unsuitable’ (137 of 366).

Wales was the nation with the lowest 'suitable' or 'very suitable' responses (25.0% or 3 of 12) compared to Scotland who had the highest (51.3% or 19 of 37). Regional responses varied from 29.0% in West Midlands (9 of 31) to 46.7% in Trent (7 of 15). Chart 15 below shows the full results.

Chart 2 – How suitable have the estates been in your organisation for the cohorting of patients with suspected or confirmed COVID-19? Responses from across the UK and each of the RCPsych regions, excluding not applicable/don't know responses



Indirect harms – emergency and urgent mental health care

College members were asked to provide an assessment of how the workload in their teams had changed over the past fortnight across five broad categories of interventions or appointments. Examples of each category were provided in the survey, with members able to select 'not applicable' if necessary (such responses were excluded from the analysis). The first two categories related to urgent and emergency interventions, which were defined as below:

- Emergency interventions or appointments, e.g. MHA assessments, CTO recall, urgent safeguarding interventions, interventions following a 'Red' result for clozapine treatment etc.
- Urgent interventions/ appointments (within 72 hours), e.g. follow up in the community following discharge from a Mental Health Hospital, interventions following an 'Amber' result for clozapine treatment, mental capacity and mental health act assessments urgent multidisciplinary assessment and intensive management and contingency planning in the community, etc.

46.0% of respondents from across the UK (179 of 389) confirmed there had been an increase in workload across the emergency interventions and 55.4% across the urgent interventions (195 of 352) in the past fortnight, compared to 7.7% (30 of 389) who confirmed a decrease in the emergency interventions and 8.2% (29 of 352) in the urgent interventions.

Across the nations and RCPsych regions in England, the percentages confirming an increase ranged from 32.3% in West Midlands to 62.1% in London for emergency interventions and from 39.1% in Northern & Yorkshire to 65.1% in South West for urgent interventions.

The percentage of UK respondents reporting an increase in workload for emergency interventions in previous surveys were 41.1% in the third survey (in the field from 18-26 May) and 30.5% in the second survey (in the field from 1-6 May). Meanwhile the percentage reporting a workload increase for urgent interventions were 48.4% in the third survey and 40.8% in the second survey.

The full responses are illustrated in Charts 3 and 4.

Chart 3 – In the past two weeks, how has the workload in your team changed for emergency interventions or appointments? All definitive responses from across the UK and each of the RCPsych regions

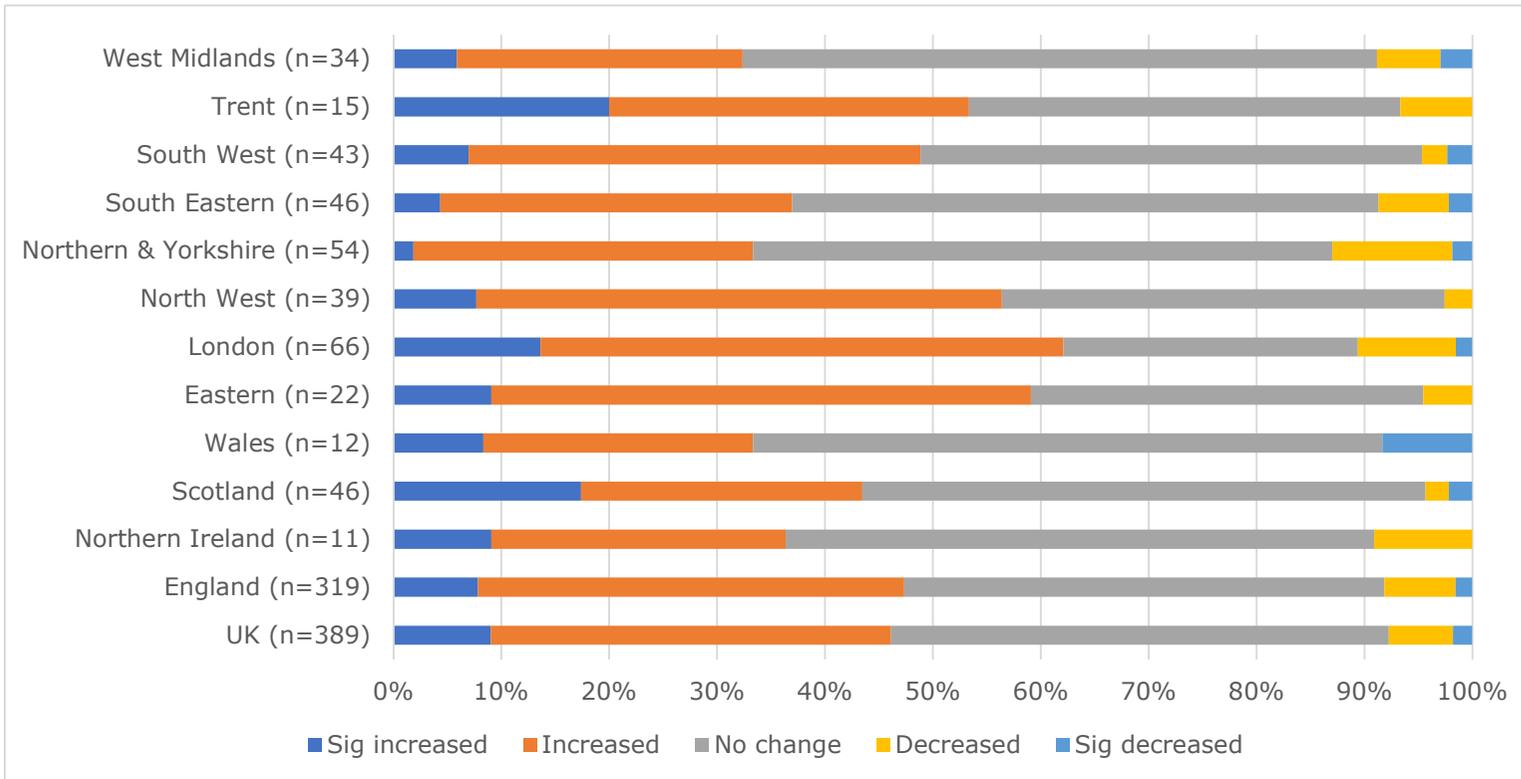
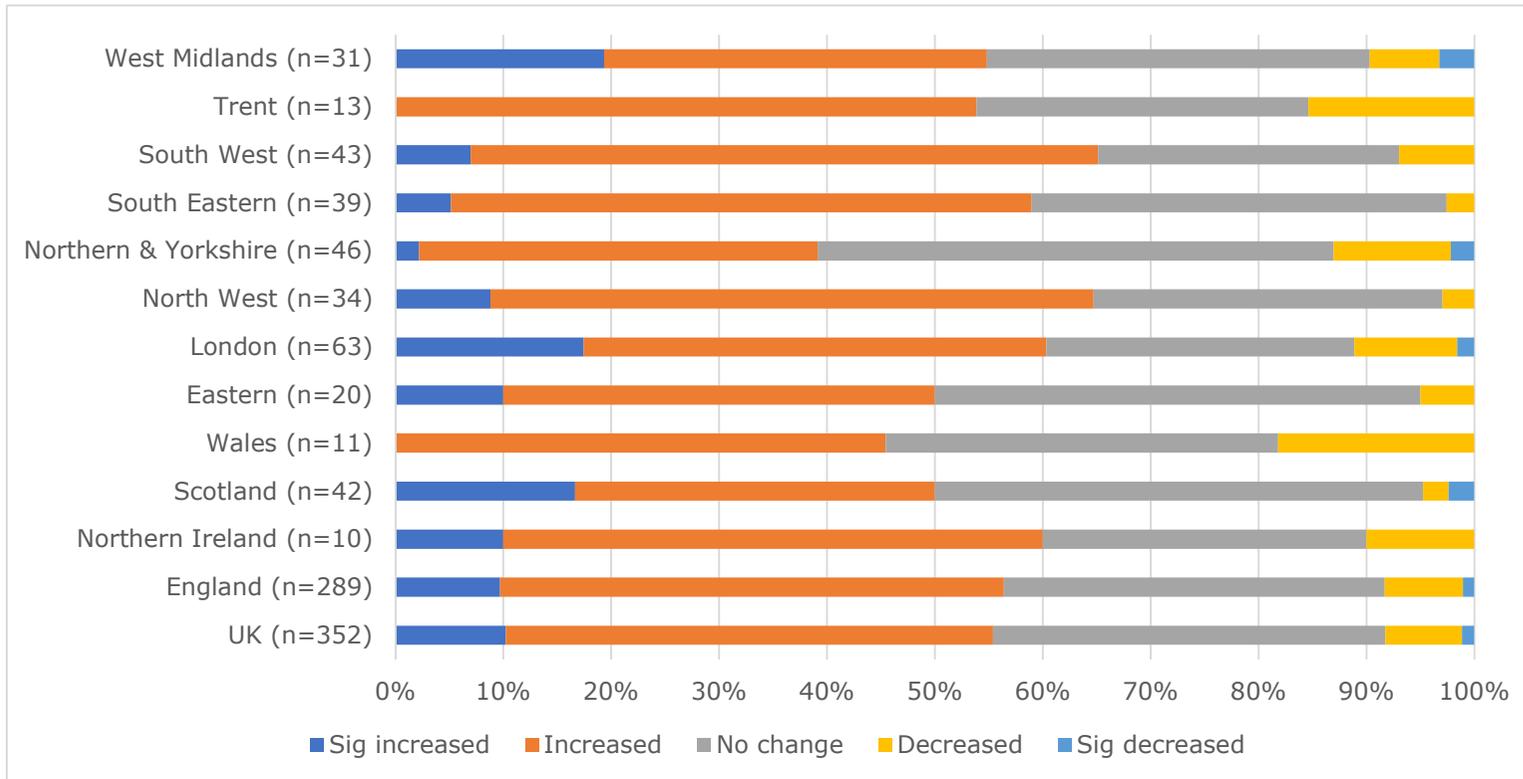


Chart 4 – In the past two weeks, how has the workload in your team changed for urgent interventions or appointments? All definitive responses from across the UK and each of the RCPsych regions



Indirect harms – routine mental health care

The remaining three categories of appointments and interventions covered in the survey are listed below:

- Appointments/ interventions usually conducted within 4 weeks, e.g. titration of psychiatric medications in the community, care co-ordinator interventions in the community, psychological interventions for mental illness in the community for secondary care, referral to psychological therapies etc.

- Appointments/ interventions usually conducted within 3 months, e.g. routine psychiatric referrals that are currently being triaged for a need for face to face assessment, review of lithium level and treatment, delivery of depot antipsychotic treatments and long acting injection treatments, etc.
- Appointments/ interventions usually conducted after 3 months, e.g. Care Programme Approach review, annual physical health check, neurodevelopmental assessments and diagnoses, employment advice and intervention, transfer of care from another Mental Health Service, preconception advice for women on psychotropic medication and a diagnosis of severe and enduring mental illness, etc. health act assessments urgent multidisciplinary assessment and intensive management and contingency planning in the community, etc.

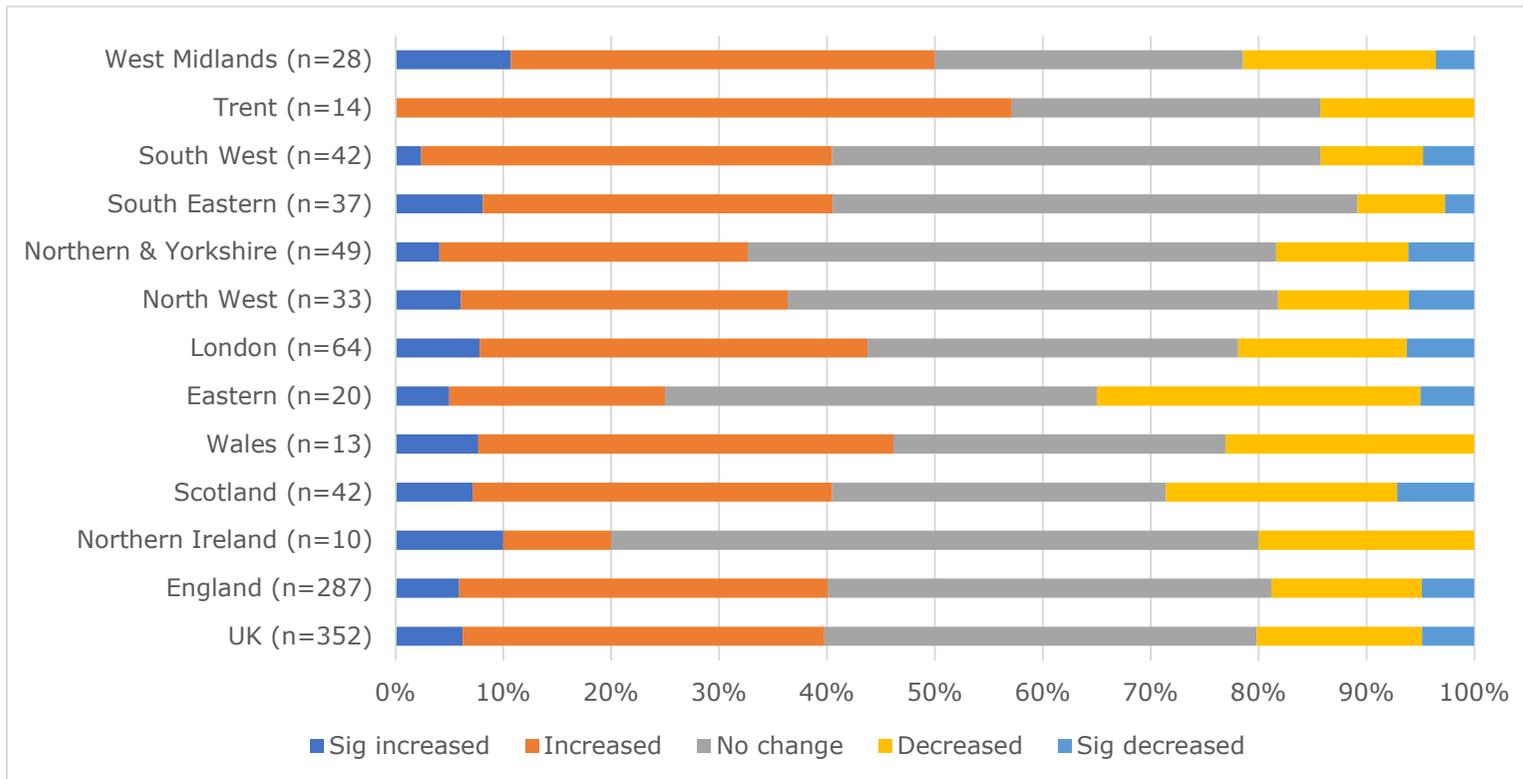
In relation to appointments and interventions that are normally conducted within a four-week window, 39.8% of members (140 of 352) from across the UK confirmed that workload had increased in the previous two weeks, compared to 20.2% (71 of 352) who reported a decrease.

The highest percentage of respondents reporting increases in workload for such interventions were seen in Trent (57.1% or 8 of 14) and West Midlands (50.0% or 14 of 28). In comparison, the highest percentage of respondents reporting decreases in workload were seen in Eastern (35.0% or 7 of 20) and Scotland (28.6% or 12 of 42).

The percentage of UK respondents reporting an increase in workload for these interventions in previous surveys were 31.3% in the third survey and 22.5% in the second survey. Meanwhile the percentage reporting a workload decrease were 24.8% in the third survey and 38.6% in the second survey.

Chart 5 illustrates the full range of responses on appointments and interventions normally undertaken within four weeks.

Chart 5 – In the past two weeks, how has the workload in your team changed for appointments/interventions usually conducted within 4 weeks? All definitive responses from across the UK and each of the RCPsych regions



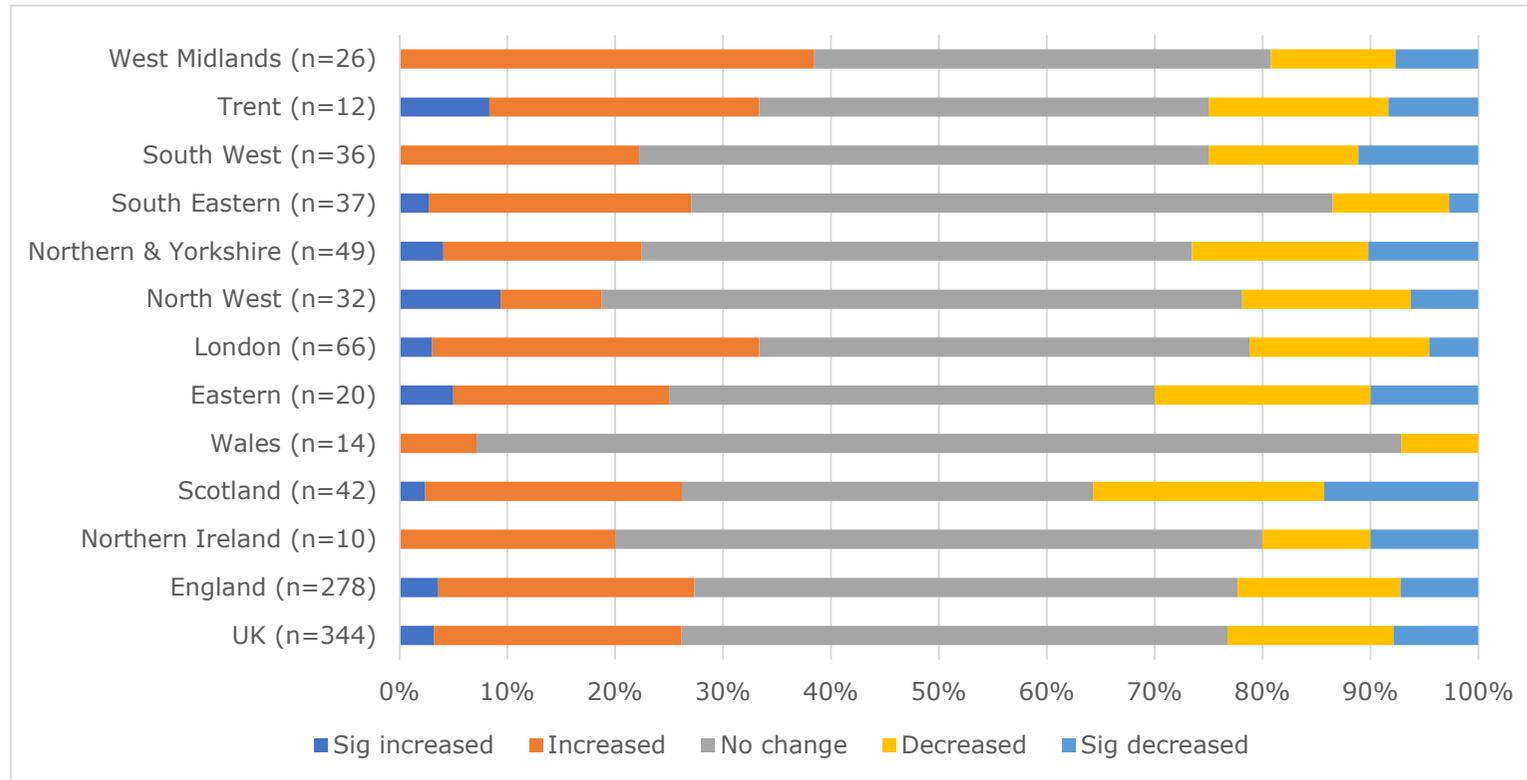
In relation to appointments and interventions that are normally conducted within a three-month window, 23.3% of members (80 of 344) from across the UK confirmed that workload had decreased in the previous two weeks, compared to 26.2% (90 of 344) who reported an increase.

The highest percentage of respondents reporting increases in workload for such interventions were seen in West Midlands (38.5% or 10 of 26) and London (33.3% or 22 of 66). On the contrary, the highest percentage of respondents reporting decreases in workload were seen in Scotland (35.7% or 15 of 42) and Eastern (30.0% or 6 of 20).

The percentage of UK respondents reporting an increase in workload for these interventions in previous surveys were 16.0% in the third survey and 12.6% in the second survey. Meanwhile the percentage reporting a workload decrease were 32.2% in the third survey and 42.0% in the second survey.

The full range of responses on appointments and interventions normally undertaken within three months is shown in Chart 6.

Chart 6 – In the past two weeks, how has the workload in your team changed for appointments/interventions usually conducted within 3 months? All definitive responses from across the UK and each of the RCPsych regions



Finally, appointments and interventions that are normally conducted after three months, 26.4% of members (90 of 341) from across the UK confirmed that workload had decreased in the previous two weeks, compared to 17.0% (58 of 341) who reported an increase.

The highest percentage of respondents reporting increases in workload for such interventions were seen in Trent (28.6% or 4 of 14) and London (25.4% or 16 of 63). On the contrary, the highest percentage of respondents reporting decreases in workload were seen in Scotland (42.5% or 17 of 40) and Northern & Yorkshire (36.2% or 17 of 47).

The percentage of UK respondents reporting an increase in workload for these interventions in previous surveys were 10.9% in the third survey and 9.0% in the second survey. Meanwhile the percentage reporting a workload decrease were 36.4% in the third survey and 45.3% in the second survey.

Chart 7 shows the full range of responses on appointments and interventions normally undertaken after three months.

Chart 7 – In the past two weeks, how has the workload in your team changed for appointments/interventions usually conducted after 3 months? All definitive responses from across the UK and each of the RCPsych regions

