Equitable & timely access to effective community mental health services – barriers and solutions – sharing the learning from GIRFT

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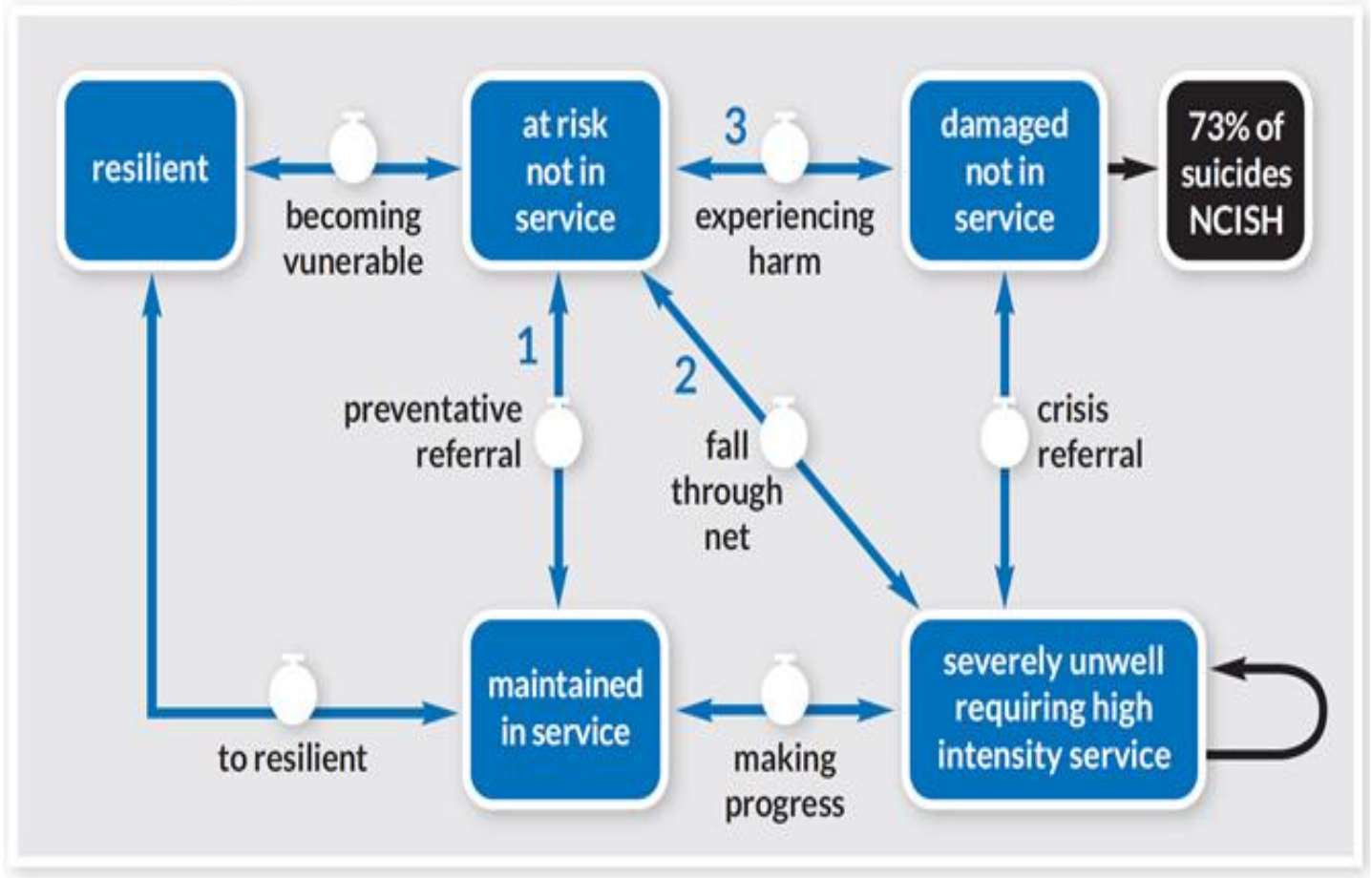
Programme Scope

- Over 1.6 million adults (18 upwards no upper limit) annually
- Core community MH (CMHTs or equivalents, EIP)
- MH Crisis services/Liaison services
- MH Intensive home treatment services
- Inpatient units – MH acute and PICU beds
- Using hospital provided routine data (NHSBN, MHSDS, NHS Digital)
- Deep dives to trusts to explore variance

Overview of care pathways

Figure 1: Navigating NHS mental health services



Source: GIRFT

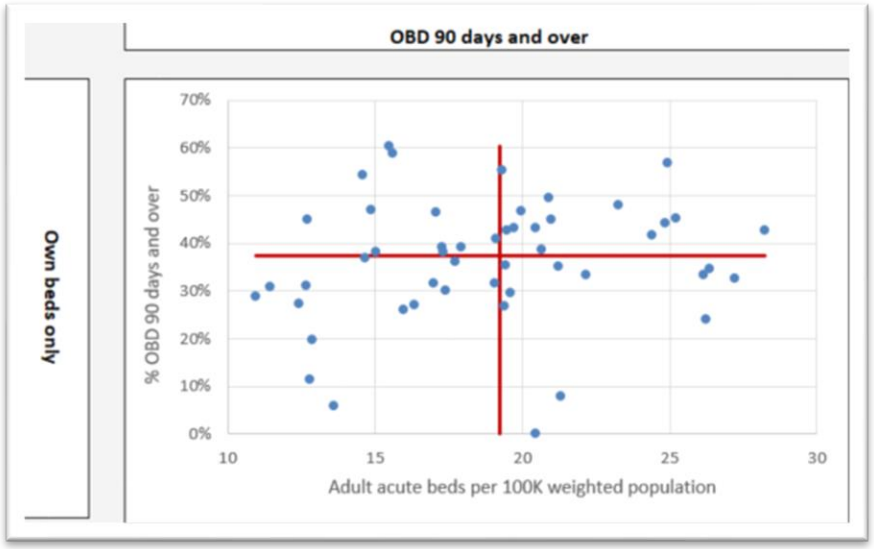
Areas of focus:

- Social Determinants of health
- Access to services
- Demand and capacity
- Core community interventions
- Segmentation of data
- Super-stranded patients and beds inc. OOA
- Data Quality
- Outcomes

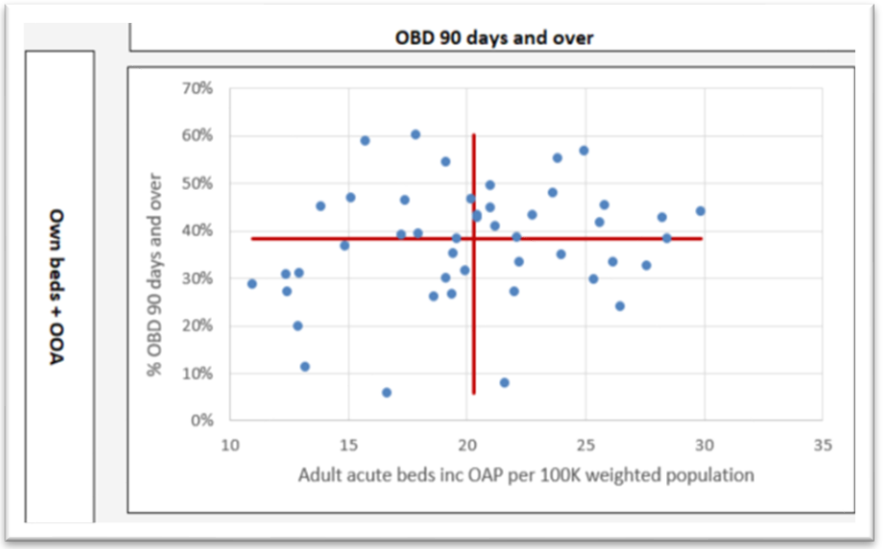
What does getting it wrong look like?

- Unwarranted variation and reduced access to route1 across multiple marginalised groups
- Multiple people being told “not appropriate”, “not here not now”, “you are not ready for X,Y or Z so we can’t help”
- People stranded in wrong parts of pathway “waiting” for something to happen
- Poor access and flow through the pathway
- Late presentations of people with high acuity and acquired (but preventable) secondary and tertiary harms and disabilities
- High usage of MHA and long durations of inpatient stays

Adult acute beds per 100k weighted population



Adult acute beds including out of are bed usage per 100k weighted population



Q1 High beds and high OBD (top right)
Q2 Low beds and high OBD (top left)
Q3 low beds and Low OBD (bottom left)
Q4 high beds and low OBD(bottom right)

What does getting it right look like?

- No “Turnaways”/rejected referrals
- “Easy in, easy out” Most severe mental illnesses are relapsing/remitting conditions so rapid step up in intensity immediately it is needed and rapid step down when that level of intensity no longer needed
- Services organised around people not people organised to fit in with teams – it should not impact on the person needing the input as to who employs you or what team you are from if you are delivering/contributing to the intervention/s they need
- True co-production based upon accurate personalised information about interventions available and the potential harms, benefits and success rates for each
- Interventions used as best option available not as “last resorts”
- Staff feeling their time has been well used, they are proud of what they can and have delivered and enthusiastic about tomorrow

So what?

- Variance in MH has been known about for many years e.g. “Lunacy in many lands” (1887)
- Too much data – poor quality and very little analysed
- Qualitative information important but overreliance on anecdote
- Failure to segment data at same time as only looking at certain points on pathway – reliance on unconnected averages

What will be different?

- Long Term Plan requires whole pathway approach to be successful
- Timely access to effective interventions equitably available for the whole community
- Have to understand interventions and outcomes to make best use of available resources
- Requires timely accurate data fed back to clinical teams and aggregated effectively at management through to board and system levels
- Can we do it- Yes and already underway (if patchy) e.g. use of run charts, SPC, using data to challenge myths and legends, sentinel metrics

GETTING IT RIGHT FIRST TIME

Through all our efforts, local or national, we will strive to embody the 'shoulder to shoulder' ethos which has become GIRFT's hallmark as we support clinicians nationwide to deliver continuous quality improvement for the benefit of their patients.

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement

Thank you

- Many thanks to my colleagues in the GIRFT team and to all the Trusts and their staff who have participated in this programme and to all those individuals and organisations within and outwith the NHS who have contributed to discussions and feedback which helped shaped the national report
- National report due out in near future
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GETTING IT RIGHT FIRST TIME