Service Evaluation of the Mental Health Assessment Service (MHAS) in Dudley

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Introduction

Launched in 2017, the Mental Health Assessment Service (MHAS) is the single point of entry to adult mental health services for patients aged 16 to 65 with a general practitioner (GP) in Dudley, who are not already open to secondary mental health services.

Gold Standards for the service include:

- All referrals to be uploaded onto the electronic health record (EHR) system.
- All referrals to be made via the approved MHAS referral form.
- All referrals to indicate urgency.
- All urgent referrals to be discussed with MHAS via telephone contact the same day.
- All referrals to be triaged via telephone by a clinician within one working day.
- All referrals to be discussed at the referral meeting the next working day.
- If the urgency is changed at the referral meeting, this is to be discussed with the referrer as they hold medical responsibility until the patient is seen.
- Assessments for routine clinicians are to be within ten days, routine medics within four weeks and urgent reviews the same day or within 24 hours.
- The Trust's DNA protocol must be followed in all cases if a patient does not attend.
- GP proformas must be typed and sent within two working days.
- A comprehensive assessment, containing the care cluster, risk assessment and care plan should be sent within five working days.

Method

Approval for the service evaluation was obtained at the Trust's Clinical Governance meeting. All patient referrals between April 2018 and March 2019 were identified and anonymised to protect patient confidentiality. Ten cases were randomly selected from each month, creating a sample size of 120 cases in total. A proforma was developed based on current practice, previous service evaluations of MHAS and the MHAS service specification. Practice attempts were made using a paper proforma and alterations were made as required. The four doctors listed above all assisted in data collection following a training session and rehearsal with a practice case to ensure uniformity in the auditing process. An advice sheet was also produced to aid the auditors. Only electronic health records (EHR) were assessed as the trust has a policy that all documentation should be electronically uploaded. Data was collected on Google Forms and exported to Microsoft Excel for analysis.

Results

The average age of the referred patient was 34.8 years with a range of 16-68 years. 57.5% were female with 42.5% being male. 88.3% of all the assessed referrals were recorded on the EHR.

Figure 1. Form of the referrals to MHAS: (n=120)

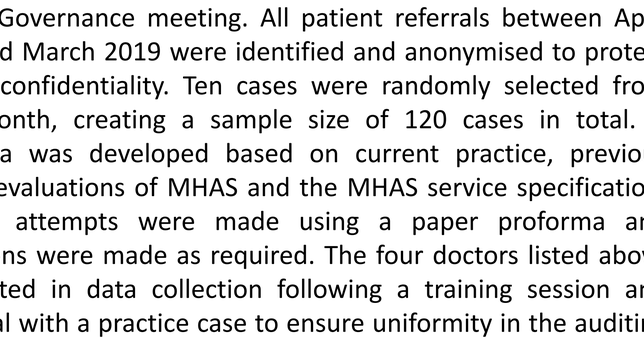
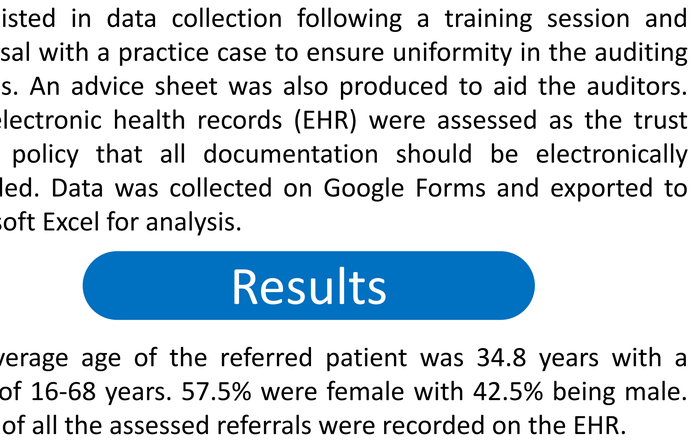


Figure 2. Source of referrals to MHAS: (n=120)



86.5% of referrals were triaged by telephone by a clinician the same working day with 97.3% in total triaged by the end of the next working day. 100% of referrals were triaged by the end of three days following referral.

Figure 3. Urgency of referrals made to MHAS: (n=120)

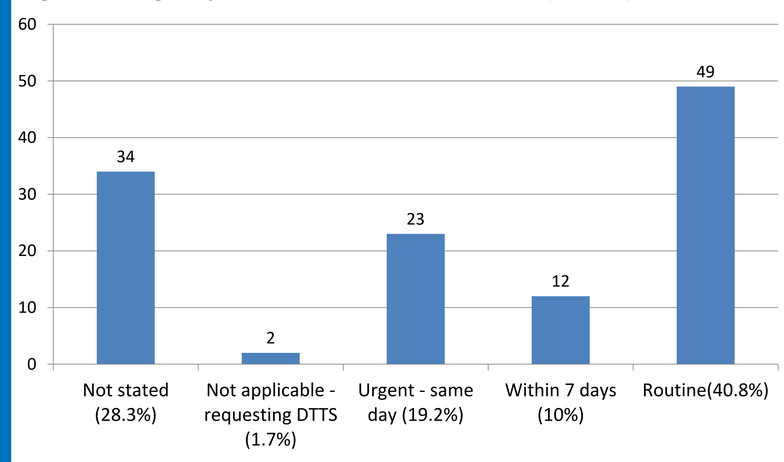
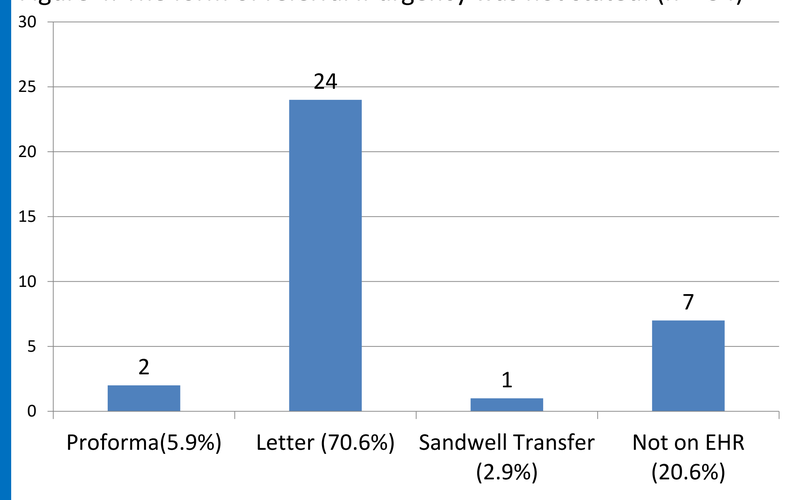


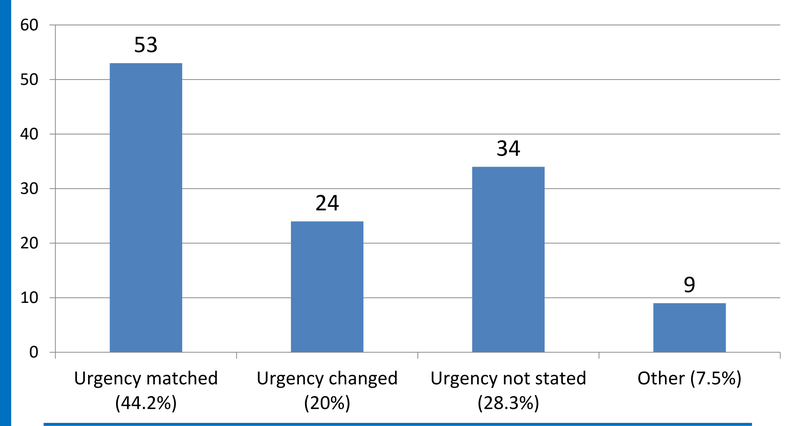
Figure 4. The form of referral if urgency was not stated: (n = 34)



As per the service specification, phone contact was made by the referral with the MHAS team in 9 cases out of the 23 urgent referrals (39.1%). Consequently, no phone contact was made with the MHAS team in 14 cases of the 23 urgent referrals (60.9%).

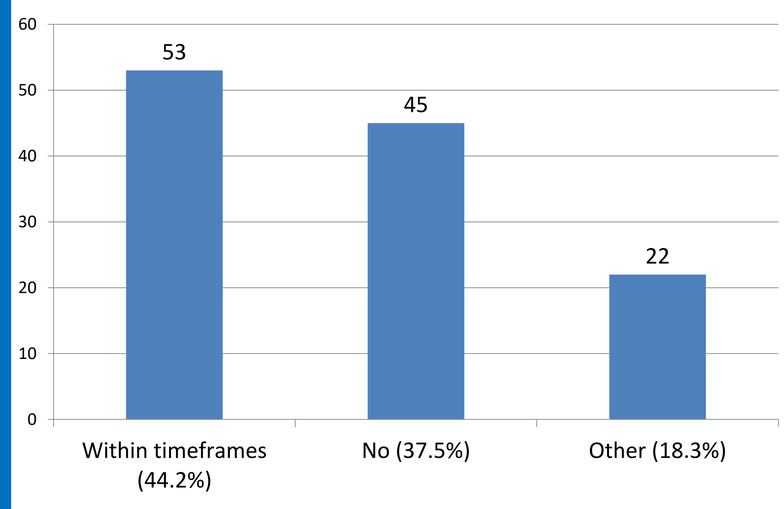
Out of all 120 referrals, 92 cases (76.7%) were discussed at the referral meeting on the next working day. 8 referrals (6.7%) were not with 13 (10.8%) cases not having this information documented on the EHR and 7 cases (5.8%) either declining assessment during the telephone triage or being immediately referred to Dudley Talking Therapy Service.

Figure 5. Whether the urgency given on the referral matched the urgency identified following the referral meeting: (n=120)



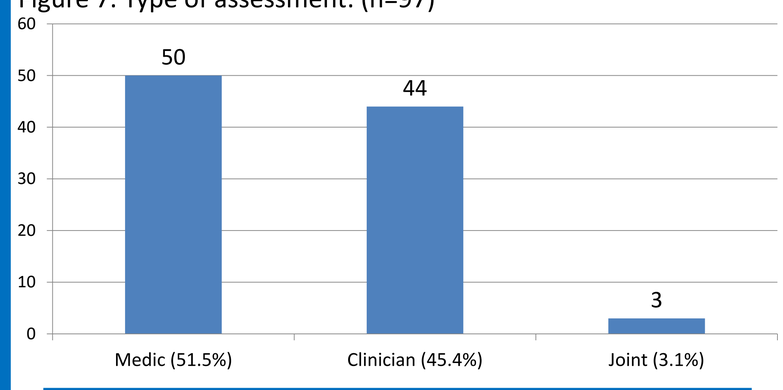
Out of the 24 cases where the urgency was changed following the referral meeting in MHAS, only 2 (8.3%) were discussed with the referrer, as per the service specification. Conversely, 22 cases out of these 24 referrals were not discussed with the referrer.

Figure 6. Proportion of initially booked assessments within the timeframe, as detailed in the introduction: (n=120)



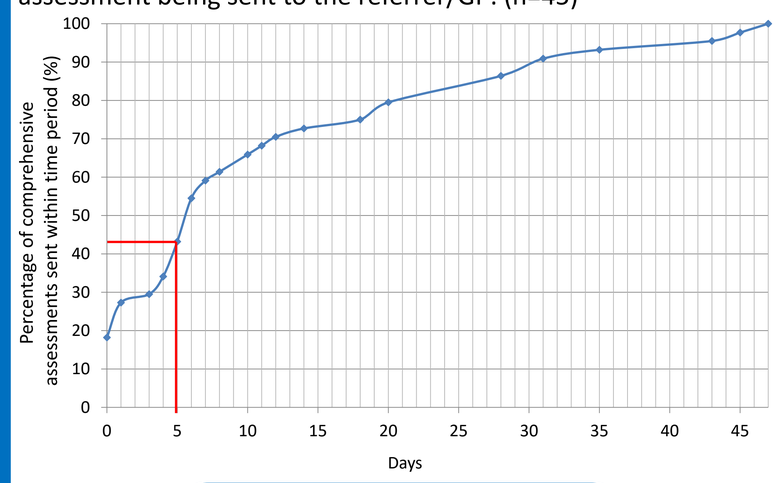
Out of all of these initially booked assessments, 24 patients did not attend or attended too late to be seen (20%). Out of these 24 patients, the Trust's DNA protocol was followed in 14 cases (58.3%) and it was not followed in 10 cases (41.7%).

Figure 7. Type of assessment: (n=97)



The GP Proforma was typed in 34 cases out of 56 (60.7%) but was hand-written in 22 cases (60.7%). Of the 56 GP Proformas, all 56 (100%) were sent to the referrer/patient's GP within two working days, as detailed in the service specification.

Figure 8. Length of time between review and comprehensive assessment being sent to the referrer/GP: (n=45)



Discussion

Over one third of referrals did not use the MHAS-approved referral form. It is vital that the referral form is used because information vital to the triaging process can be missed. An example of this was the absence of the urgency of the referral on 80% of letters but only 2.7% of the referral forms. Following consultation with GPs, the referral form may need be simplified to encourage its use. All referrals must be uploaded to the electronic health records system in the future as currently over one tenth are being missed.

Only 4.2% of all referrals were originating from PCMHNs. It was outside of the remit of this audit as to whether this is an indicator that they are underused or they are effectively managing patients in primary care. This is an area that requires further investigation in future audits.

4.2% of referrals arose from the Dudley Talking Therapy Service and concerns were raised as to how appropriate these referrals were. These referrals often did not contain vital information (such as the medication history for example) and should have been reviewed by their GP prior to a referral to secondary care.

Almost two thirds of urgent referrals were not discussed with MHAS through telephone contact, which is not only a requirement of the service specification but an important way of ensuring patient safety. It was reassuring to see that almost all referrals were triaged by MHAS clinicians within 24 hours.

One fifth of referrals had their urgency changed when discussed at the referral meeting but almost all of these referrals did not have the change discussed with the referrer, as stated in the service specification. This highlights the need for the specification to be reviewed as it appears to be making requests such as this that are impossible to fulfil for many different reasons (e.g. GP workload, availability of staff etc).

Over half of all initial assessments were not booked within the specified timeframes for the service and further investigation is needed to ascertain why this is the case. Possible explanations include patient cancellations, non-attendance and staff changes.

All GP proformas were sent within two working days, as per the service specification. Unfortunately the GP proforma was not typed in 39.3% of cases and all of these were from medic appointments. Therefore the availability of IT equipment must be assessed to ensure that doctors have the resources needed for all GP proformas to be typed.

Less than half of all comprehensive assessments were sent within the required five working days, implying a lack of resources for the administrative team. As none of the comprehensive assessments had care clusters included, training on this would be beneficial. 86.7% of the comprehensive assessments showed a risk assessment and 95.6% showed a care plan.