

# The Quality of Crisis Care Plans for Patients attending A&E Departments in Birmingham and Solihull

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## Introduction

Crisis Care Plans (CCPs) are designed to help patients access support before they reach a crisis point. It ensures that people with mental health problems can access help 24 hours a day, and that they are taken seriously when they ask for help.

The National Institute for Clinical Excellence (NICE) has published guidelines [QS14] stating that patients who may be at risk of crisis should be offered a CCP. It has also stated what should be included in CCPs to ensure patients are aware of what to do if they need support in a crisis.

A CCP will ensure that patients get the specialist help they require from various local services in order to reduce the rate and frequency of attendance at A&E.

## Aims:

- To identify whether clinicians think patients' presentation to A&E could have been avoided
- To analyse the quality of CCPs based on the NICE guidelines

## Method

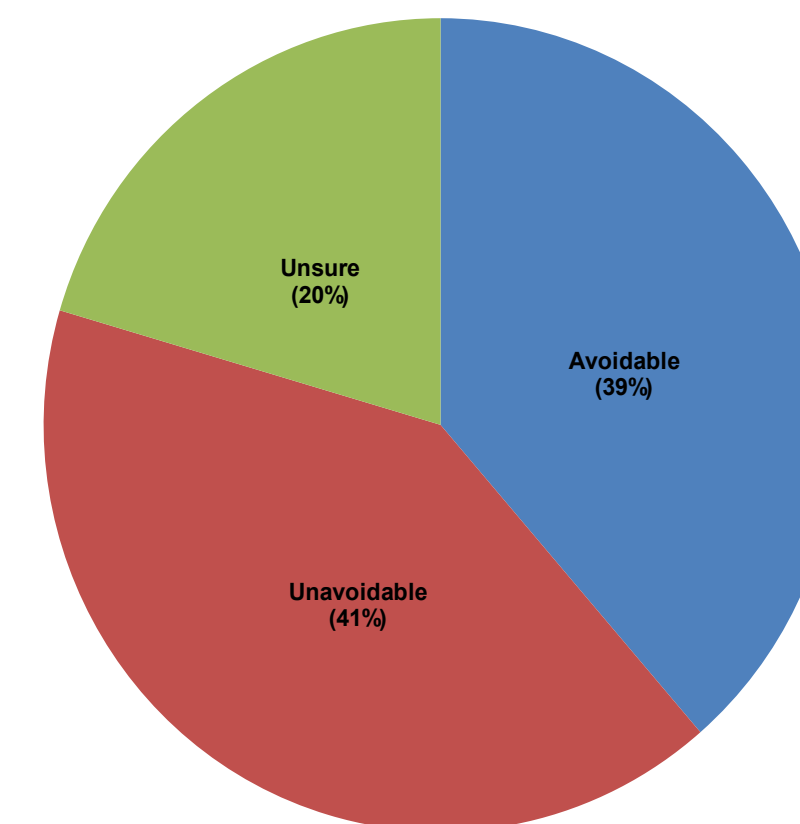
This audit is part of a wider project investigating crisis care plans. Patients who were under the care of Birmingham and Solihull Mental Health NHS Foundation Trust prior to presenting at an acute hospital in Birmingham/Solihull in a mental health crisis between 10th August and 2nd November 2016 were interviewed about their CCPs (n=44).

Following this, clinicians were asked to provide their clinical judgement as to whether presentation to the acute hospital could have been prevented. Finally, the researcher examined patient notes to determine the presence and quality of the crisis care plan using the Quality Standards (QS14) published by NICE (2011).

In this audit, we will report solely on the clinicians' judgement on whether presentation to the hospital could have been avoided and the quality of the CCPs.

## Results

Figure 1: Clinicians' judgement on whether A&E presentation could have been avoided



### Reasons why clinicians thought A&E presentation was avoidable:

- The patient had a CCP
- The patient could have contacted their GP or be seen by the local CMHT
- CMHT did not respond to the patient
- The patient required better information or advice on medication
- The patient required more support from the Home Treatment Team (HTT) following discharge from an inpatient ward
- The patient needed to feel acknowledged and the level of risk to be taken more seriously

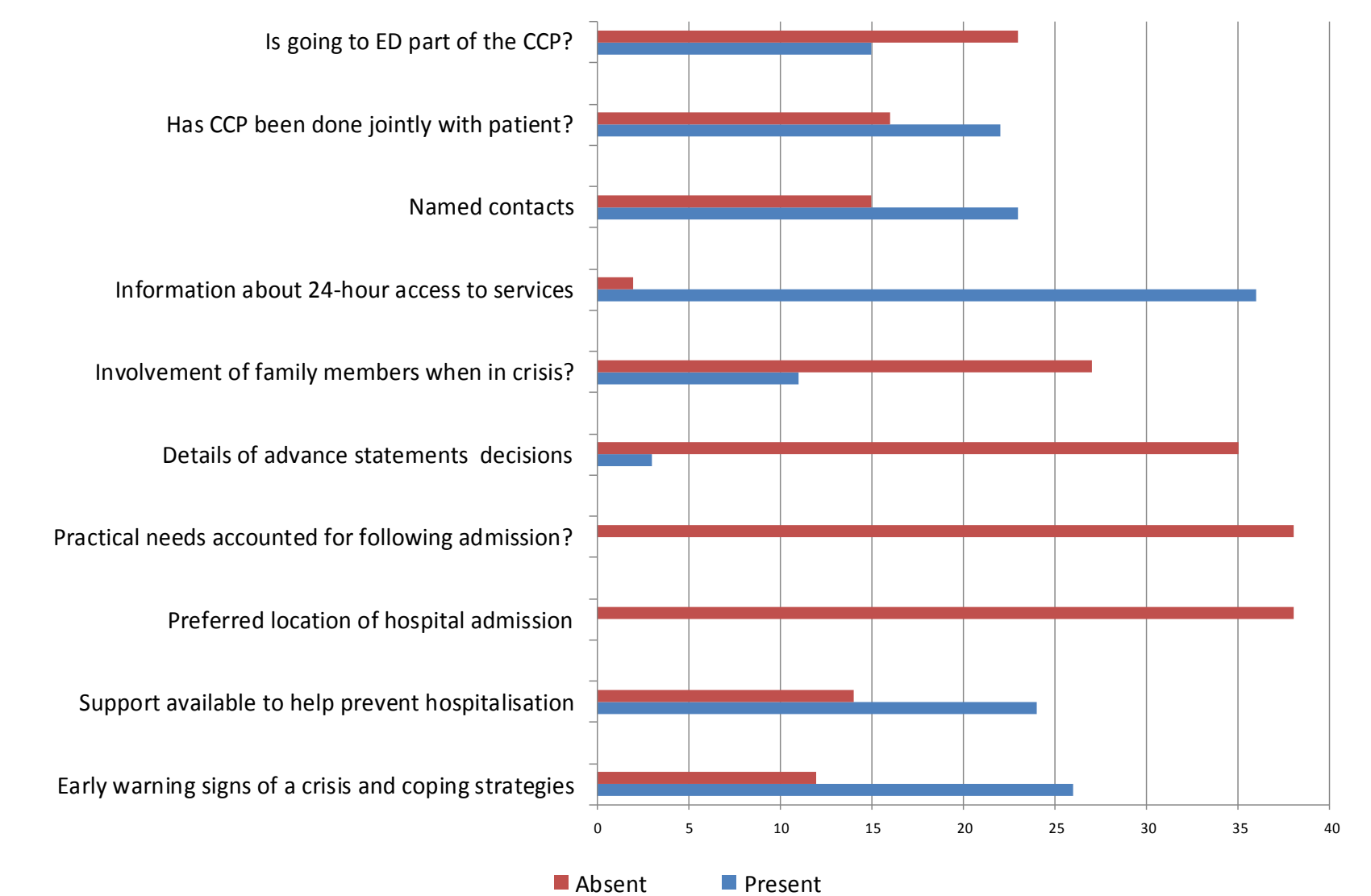
### Reasons why clinicians thought A&E was not avoidable:

- The patient required physical assistance following deliberate self-harm or suicide attempt
- The patient was advised to attend A&E when in crisis
- The patient had been attacked
- The patient was placed on a section 136
- The patient insisted on attending A&E

### Reasons why clinicians were unsure whether A&E was avoidable or not:

- There was no care plan present to advise the patient what to do in a crisis
- The patient had financial problems, no access to food or drink and substance misuse problems

Figure 2: The quality of CCPs based on the NICE guidelines



- As seen in figure 2, most CCPs (95%) included information about 24 hour access to services.
- 63% of CCPs included information on support available to help prevent hospitalisation and 68% of CCPs included early warning signs of a crisis and ways to cope.
- 58% of CCPs were done jointly with patients and 61% included named contacts.
- 71% of CCPs did not include the involvement of family members when patient is in crisis.
- None of the CCPs considered the practical needs of the patients, if they end up being admitted at a hospital.
- None of the CCPs included a preferred hospital location for admission.
- In 39% of the CCPs going to the A&E department was advised, e.g. when in crisis, out of hours, when other services are not available and if there is a physical health problem.

## Recommendations

- Improve the quality of CCP, in particular by discussing early warning signs and what support could prevent hospitalisation.
- Get families and carers involved in the design of CCP and discuss their role in supporting a patient in crisis.
- Clinicians should discuss alternatives to going to A&E departments and seeking help early.