A Model of Urgent and Emergency Mental Health Care

Transforming Urgent Access to Mental Health Services
across 7 days &
Interfacing with the wider system

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Overview

• Context
• Initial Response Service (IRS)
  Development/ Evaluation/ Outcomes
• Core 24 Liaison
• Developing a workforce ‘growing our own’
A Network of Community Facing Urgent Mental Health Services

- U/C Hub, 111, NEAS
- Street Triage - Extended Hours
- Adult (ageless) Crisis team
- Community Mental Health Teams
- 7-Day Consultant Working
- OP Liaison Psychiatry/Community
- Adult Liaison Psychiatry (in the ED)
- LA/ Social Services/MHA work

**URGENT ACCESS**
- 24/7 Telephone Triage
- 1-hour response face to face triage
- Universal Access
- Interfaces - shared pathways

Transforming Services
Principal Community Pathways

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2010: The Service Model Review

Request for Help

- Initial Response
  - Initial evaluation regarding nature, risk, complexity and urgency of the problem

Signposting to principal service pathway for assessment and formulation

- More Intensive Packages of Care
  - Medium Security
  - Psychiatric Intensive Care
  - Low Security
  - Specialist Ward Environment
  - Acute Ward
  - Intermediate Facility
  - Crisis Bed
  - Intensive Home Treatment
  - Challenging Behaviour Assessment Formulation & Treatment Planning
  - Crisis Assessment

Discharge

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A new urgent access model was developed following **extensive engagement and co-design** with service users, carers, GPs and commissioners.

Like a lot of areas:

- Problems getting through to Crisis Team by phone as **Triage saturated**
- Overnight and at peak demand times **callers could wait hours for a return call from a clinician** - even longer for face to face contact
- **Too many exclusion criteria** - Too much bouncing
- **No ready point of access** for Older People or People with a significant Learning Disability seeking Urgent Advice/ Intervention
- **Fewer than 35% of referrals** needed admission/ home treatment
- Most of the non-crisis referrals required advice/ signposting but at low risk/ acuity
2012- Phase 1: The Model

**The Principles:**
- 24/7 Universal telephone access for requests for urgent help.
- No restrictions on who can refer
- Triage and Routing over the phone - No bouncing
- Face to Face Triage *(Rapid Response)* if clear plan cannot be determined over the phone
- Patient defined crisis - response agreed and negotiated through the service

**Achieved with:**
- Investment in staff for enhanced telephone and face-to-face response
- Use of digital dictation and 3G laptops for clinical documentation
- Flexible interchangeable roles and rotation between Crisis Team and IRT roles dependant on demand.
- **Culture change**

Transforming Services
Principal Community Pathways

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Evaluation-IRS in numbers

Typical weekly activity

• 3000+ Incoming telephone calls (3000+ outgoing calls)
• 1500 Total Contacts
• 500 Home-based Treatment contacts
• 60 Crisis Assessments
• 150 Rapid Responses
  …and growing

• 90% calls answered within 15 seconds
• >98% within 3 minutes (Average=9 Seconds)
• >80% rapid responses (face to face triage) achieved in under one hour
Service Feedback

If a friend were in need of similar help, would you recommend the service to him/her?

- Yes: 100%
- No: 0%

Were you provided with the help or information you needed?

- Yes: 90%
- No: 10%

Do you feel that they showed kindness and compassion towards you?

- Yes: 100%
- No: 0%

GP

The service is responsive and friendly

Fantastic – a huge improvement!!

I felt listened to and was delighted

You should have done it before

Service User and Carer

I cannot imagine where I would be today if you had not been there for me.

You listened and told me what to do

You do an amazing job!

Wonderful support!

Staff

More manageable

Skills are valued

A lot happier

Spend more time

You are all very dedicated, patient, compassionate people

Keep this very valuable service going
Interface with NHS 111

• Slow start
• No figures pre-June 2014
• Occasional referrals before that
• Work on the DoS interface
• Steady rate of transfers for urgent clinical triage since
Referrals from 111 – Direct to IRS

- Jun-Aug 2014
- Sept-Nov 2014
- Dec 2014 - Feb 2015
- March - May 2015
Outcome of 111 referrals into IRS June 2014 - October 2014

- **Clinical Advice Only**: 190
- **Rapid Response / Crisis Assessment**: 35
- **Home Based Treatment**: 12
- **Signposted**: 14
- **Administrative Advice / Support**: 27
- **Back to referrer**: 0
- **Called Emergency Services**: 0
Seven Day Consultant Working:

- Started October 2014.
- Extended hours, 7-days
- Covering MHA, S136, Acute Wards, Crisis Teams and IRS
- All new admissions/ home-treatment patients seen same day/ within 24 hours max.
Psychiatric Liaison

• A robust evidenced model (based on RAID)
• 24 hours into the ED
• Same/ next day ward consultation
• Reduces length of stay, readmissions and admissions through the ED
• Outpatient clinics for follow up.
The Liaison Department (Inpatient Wards) of the Sunderland Psychiatric Liaison Team aim to deliver a 24 hour target for assessing patients who are referred from the wards.

**Response Times for Inpatient Referrals**

- 99% in <24 hrs
- 0.5% in >24-48 hrs
- 0.5% in >48+

*Response Time Frame (hrs)*

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The Emergency Department of the Sunderland Psychiatric Liaison Team aims to deliver a 60 minute target for assessing patients who are referred from the Emergency Department.
Re Referrals from the ED

- Emergency Department (ED) - 13% of patients were seen more than once. The highest number of re-attendances per person is 44 and the minimum is 2.

- Liaison Department - 14% patients were seen more than once. The highest number of re-attendances per person is 8 and the minimum is also 2.

<table>
<thead>
<tr>
<th>Department</th>
<th>Patients Seen</th>
<th>Patients Re attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>2,888</td>
<td>375</td>
</tr>
<tr>
<td>Liaison Department</td>
<td>2,211</td>
<td>310</td>
</tr>
</tbody>
</table>
Re-Attendance Impact to the ED for COPD Patients

Average ED attendance/month/patient in the 12 months pre-treatment was 0.28, equating to 3.4 per year. Post-treatment, this has dropped to 0.06, much less than one attendance per year (0.72). This indicates an over 4-fold reduction in ED attendance after treatment. Clinical data indicated some patients reported less reliance on oxygen, nebulisers and inhalers.

There was a significant (p=0.003) improvement in symptom control in patients with COPD after psycho-education and CBT-based psychotherapy.
Street Triage (S136 MHA)

- The Team has been Operational from 1\textsuperscript{st} September 2014
- Collaboratively working with Northumbria Police
- Team consists of 4 Police and 5 Nurses
- One PC and a Nurse in an unmarked vehicle
- 7 days a week/365 days a year
- 10am- 2am (Sun-Thurs) 10am- 3am (Fri –Sat) - Peak hours of Activity
- Aims to \textbf{Reduce the number of avoidable S136} detentions to both hospital and custody.
- And \textbf{Improve the outcomes for those who are detained} and also those who are dealt with in the community.
Total 136 detentions for South Of Tyne
April 2015- April 2015

Launch of Service

136 Deferred Arrests - South

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Has it all been smooth sailing?

- Culture change
- Recurring commissioning
- Implementation into a system in flux
- Differences in each locality
- More complex governance/ team management issues
The Implications:

- The Urgent and Emergency Care Vanguard- systems-wide enhancements
- Development of trust wide CORE 24 Liaison teams.
- The crisis care concordat- improving access a key priority
- How do we commission/ accredit/ evaluate this model of provision?
Recruitment and developing our workforce

• Crisis and Liaison services struggle to find appropriately skilled nursing staff.
• Utilising a competency framework to fast track band 5 nurses.
• Making mental health crisis and liaison services an attractive proposition with career development.
Summary

• Urgent Access has had very positive performance and feedback evaluation.
• Evidence of marked reduced bed-usage across all three SoT areas since launch of IRS- saving real money.
• 7-day Psychiatric Liaison, Consultant Working, Street Triage- all impacting on the wider Urgent and Emergency Care System positively.
• This is an ambitious systems-based model- how can it be integrated into new urgent-care health service developments?