

The Commission
to review the
provision of acute
inpatient psychiatric
care for adults

OLD PROBLEMS, NEW SOLUTIONS:

Improving acute psychiatric care for adults in England

Purpose

The independent Commission was set up by the Royal College of Psychiatrists to address problems in accessing acute inpatient care for adults and recommend ways of improving the service.

Its terms of reference were to:

- Describe the purpose and value of inpatient services as part of the wider system.
- Propose how to identify the size and scope of safe and therapeutic inpatient services.
- Make recommendations for improvements and propose an implementation plan.

The Commission was asked to address acute care for adults only and has not therefore looked at specialist services or those for children and adolescents – except where they impact on acute adult services.

The Commission's Methodology

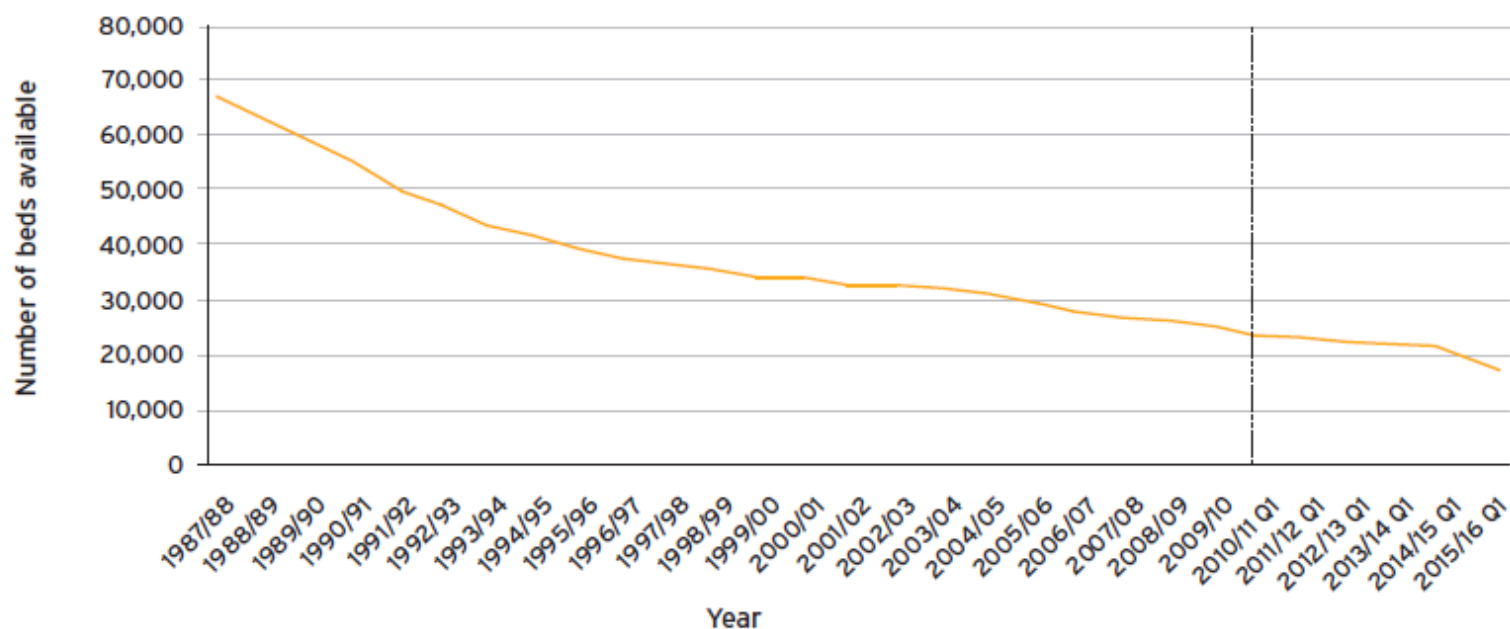
- Working Groups
- Advisory Groups:
 - Senior Advisory Board
 - Early Career Professionals
 - Patients and Carers
- Call for Evidence
- Surveys of Adult Wards in both countries
- Service Visits

Parity of Esteem

- The Commission's starting point was that patients with mental health problems should have the same rapid access to high quality care as patients with physical health problems.

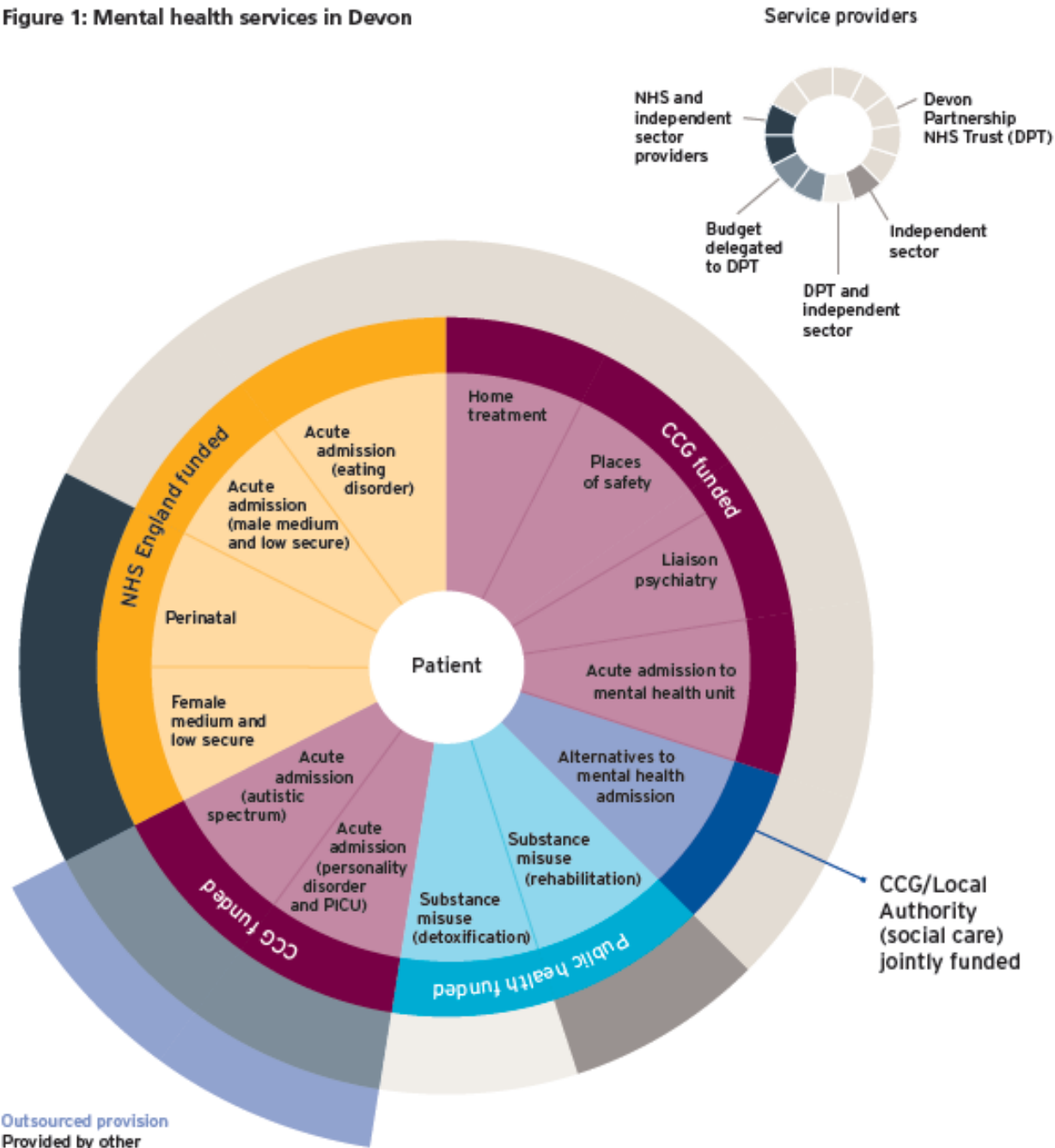
Numbers of beds

Figure 1: Number of beds available across the mental health sector between 1987/88 and Q1 2015/16



Data source: NHS England bed availability and occupancy data - overnight.
The dataset changed between 2009/10 and 2010/11 and moved to a quarterly collection period.
This means data may not be directly comparable with previous years.

Figure 1: Mental health services in Devon



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The Commission's headline finding

- Access to acute care for severely ill adult mental health patients is inadequate nationally and, in some cases, potentially dangerous.
- There are major problems both in admissions to psychiatric wards and in providing alternative care and treatment in the community.

Headline recommendations

- A new waiting time pledge is included in the NHS Constitution from October 2017 of a maximum four-hour wait for admission to an acute psychiatric ward for adults or acceptance for home-based treatment following assessment.
- The practice of sending acutely ill patients long distances for non-specialist treatment is phased out by October 2017.

The survey

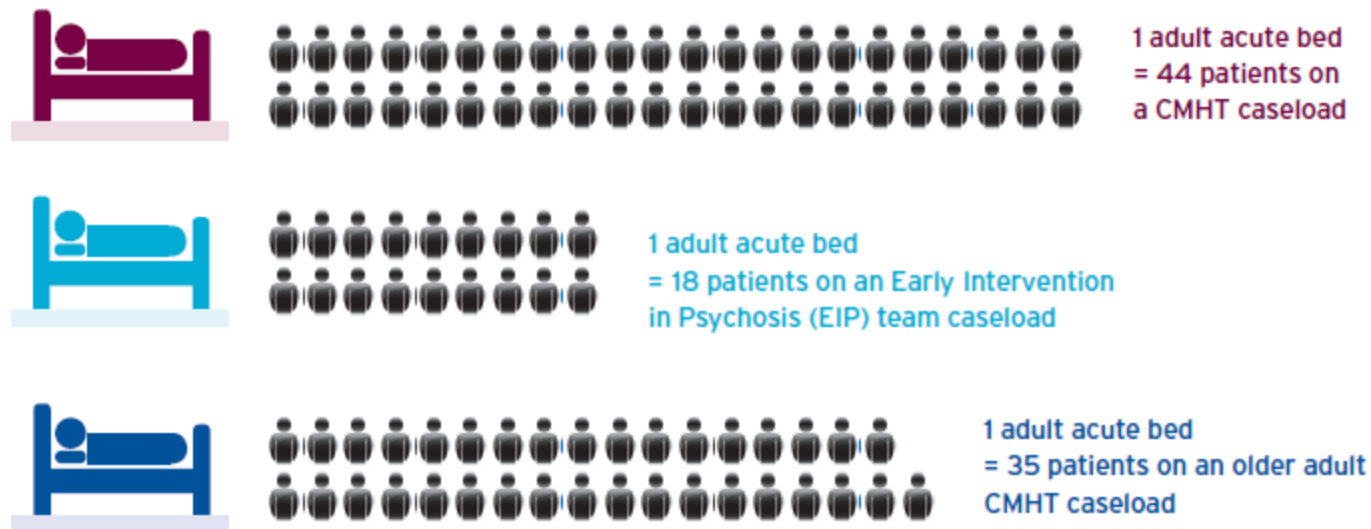
The Commission's survey of acute wards revealed a system that is under strain and not functioning efficiently. There are problems in admitting patients: on average 16% of inpatients could be better treated in a different setting; and 16% are ready for discharge. In addition about 500 patients a month travel more than 30 miles to be admitted.

There are a number of system wide issues which contribute to these problems:

- Too few community and specialist services
- A shortage of supported housing
- Too many *hand-offs* between parts of a very complex system
- Weak commissioning and planning arrangements
- Patient and carer engagement
- Poor data and systems

Comparative costs

Figure 2: The relative costs of beds and other services



Data source: Information received by the Commission from NHS Benchmarking

Recommendations

- Commissioners, providers and clinical networks in each area together undertake a *service capacity assessment and improvement programme* to ensure that they have an appropriate number of beds as well as sufficient resources in their Crisis Resolution and Home Treatment teams to meet the need for rapid access to high quality care by October 2017.

Recommendations

- Service providers, commissioners and Health and Wellbeing Boards work together to improve the way the mental health system works locally – sharing information, simplifying structures where appropriate, and finding innovative ways to share resources and deliver services.

Recommendations

- There is better access to a mix of types of housing – and greater flexibility in its use – to provide for short-term use in crises, reduce delayed discharges from inpatient services and offer long-term accommodation.

Recommendations

- A single set of easy to understand and measurable quality standards for acute psychiatric wards is developed nationally with the involvement of patients and carers and widely promoted and communicated.

Recommendations

- The growing awareness and use of quality improvement methodologies in mental health is nurtured and accelerated.

Recommendations

- Patients and carers are enabled to play an even greater role in their own care as well as in service design, provision, monitoring and governance.

Recommendations

- *A Patients and Carers Race Equality Standard* is piloted in mental health alongside other efforts to improve the experience of care for people from Black and Minority Ethnic communities.

Recommendations

- The collection, quality and use of data is radically improved so it can be used to improve services and efficiency, ensure evidence-based care is delivered and improve accountability.

Recommendations

- All mental health organisations promote leadership development and an open and compassionate culture with particular reference to better ward management, values-based recruitment, and staff training and development.

Recommendations

- Greater financial transparency, removal of perverse incentives and the reduction of waste is coupled with investment in the priority areas identified here – acute care capacity, housing, information systems and staff – and guarantees about financial parity with physical health.

Implementation

- Most of what is needed is already being done somewhere in the country with committed and innovative people – patients and carers as well as professionals – working hard to improve services.
- This report's recommendations are designed to get behind their efforts and help them to share their learning and achieve their ambitions.
- Implementation is being incorporated into NHS England's plans for implementing the recommendations of the Mental Health Task Force

Acknowledgments

Please visit www.caapc.info for more information.