

Local Partnerships Mental Health Waiting Times For The Period April To August 2018

1.0 Purpose

This report presents the waited/waiting times for all patients across Local Partnerships Division - Mental Health Services for this financial year April to August.

2.0 Context

This report outlines the complete waiting time pathway which is based on Referral to Assessment and to Treatment. The information presented outlines the patients that have been assessed and seen and those still waiting for assessment and treatment as at August 2018.

All service lines are benchmarked against the national 18 week Referral to Treatment pathway with the exception of the following 2 service lines: Early Intervention Psychosis (*which has a 2 week access target*) and Improving Access Psychological Therapies IAPT (which have a 6 weeks access target). It is noted that our current contract target for all our contracts is currently set at 26 weeks Referral to Treatment.

As part of the Trust Quality Improvement Priority: ‘*to reduce waiting times in services where delays in access could potentially cause harm and improve the experience whilst waiting*’ we have a number of assurance processes in place by which we ensure we manage all our waiting times this includes monthly reporting externally to our commissioners and internally at Directorate and Divisional level, where there are any waits over the contract target we have service line action plans in place which are monitored and progress reported monthly.

Action plans also include details of how teams ensure patients are monitored whilst waiting, and what support is available if circumstances change

3.0 Triangulation of waiting time data with complaints data and service user feedback

Complaints: The number of total complaints for Local Partnerships Mental Health Services has decreased from a total of 280 in 2016 /17 to 210 in 2017/18. In the Trusts Complaints Annual Report 2017/18 of the key themes noted for Local partnerships Mental Health, access to services was not a key theme that presented.

Service User Carer Experience Feedback: Average Service Quality rating in 2017 /18 was **91.3%** and at the end of Q1 18-19 it was sustained at **91.3 %**, showing the average service Quality rating has remained consistent across Mental Health Services.

4.0 Overview of all Service line Waiting Times

4.1 Referral to Assessment: Patients assessed April to August

During April to August **3203** total patients waited for assessment. Of these, 3109 (**97.07%**) were seen within 18 weeks; 94 (**2.93%**) patients were seen 19 to 26 weeks of which 45 patients (**1.40%**) were seen over 26+ weeks. These were in the following service lines: Local community Mental Health Teams 30 patients (**3.99 %**); Psychological Therapy Service (non IAPT) 11 patients (**23.40 %**). With <5 patients within Step 4 and CAMHS (other Mental Health Service PBR). We have suppressed numbers reporting below 5 as to identify these numbers might breach confidentiality.

Referral to Assessment: Patients currently waiting in August

In August a total number of **1269** patients were still waiting to be seen for assessment. Of the total patients waiting, 1201 (**94.65%**) patients are waiting up to 18 weeks; 68 patients (**5.35%**) waiting 19-26+ weeks of which 21 patients (**1.65%**) are 26+ weeks. These are in the following service lines: Local Community Mental Health Teams 12 patients (**1.74 %**); Psychological Therapy Service non IAPT 9 patients (**37.50 %**).

4.2 Referral to Treatment: Patients seen April to August

During April to August a total number of **2715** patients waited for treatment. Of the total 2576 (**94.88%**) were seen/treated within 18 weeks; 139 (**5.12%**) patients were seen/treated 19 to 26+ weeks of which 97 patients (**3.57%**) were 26+ weeks. These were in the following service lines: Local community Mental Health Teams. 40 patients (**6.80 %**), Psychological Therapy Service (non – IAPT) 9 patients (**29.03 %**); Step 4 47 patients (**60.26 %**) and <5 patients within CAMHS (other Mental Health Service PBR). We have suppressed numbers reporting below 5 as to identify these numbers might breach confidentiality.

Referral to Treatment: Patients currently waiting in August

In August there were a total of 326 patients still waiting for treatment of the total 175 (**53.68%**) are waiting for treatment within 18 weeks; 151 (**46.32%**) patients are waiting for treatment 19 to 26+ weeks of which 113 patients (**34.66%**) are 26+ weeks. These are in the following service lines: Local community Mental Health Teams 6 patients (**4.92 %**); Psychological Therapy Service (non – IAPT) 23 patients (**58.97 %**) and Step 4 84 patients (**68.85 %**)

5.0 Service Line Waiting Time Challenges Context and Actions

There are 3 service line areas as follows: Local Community Mental Health Teams; Psychological Therapies (non IAPT) and Step 4 which have a particular challenge in meeting the 26 week waiting time and have patients breaching for a first assessment and treatment. It is important to note that the 26 weeks reports referral to treatment. The context to the challenges and the actions in place are outlined in the section below.

Local Mental Health Teams (LMHTs)

The LMHT's see the majority of patients within commissioned timescales of 26 weeks with 97 patients who waited beyond this RTT period between April and August 18. With over 90% being treated within 18 weeks between April and August 18 which is the internal benchmark applied. Of those waiting beyond 26 weeks, this is mainly either due to elective waiting or lack of availability of medical appointments. This is mainly due to the number of vacant Consultant Psychiatrist posts and whilst locums have been appointed wherever possible, some gaps have occurred. Non-medical prescribers have also been appointed in all City LMHT to support. Wherever possible, assessments are undertaken by the MDT, ensuring that medic's time is focused on those that clearly require this. LMHT's have been actively working through waiting times list and have reduced the number of waits due to DQ issues. Teams also not recording treatment at assessment where appropriate, teams' currently reviewing treatment lists and they are improving. A large amount of Data Quality issues have been resolved also there were a lot of issues with the migration of referrals for the LMHT's where some patients were showing as waiters when they were not.

A procedure has been introduced this year to ensure that beyond 18 weeks, patients are contacted and reviewed via telephone to assess risks, needs and ability to continue to wait. All

patients waiting have access to duty in the LMHT and are given details of CRHT in case they require more urgent support whilst waiting.

Greater Nottinghamshire LMHT's trialled the Urgent Medical Mental Health Line last year, whereby GP's could access advice from a Consultant Psychiatrist and if needed, book a more urgent slot for patients who were not in crisis but could benefit from being seen more quickly. Whilst this service was underutilised it is hoped that discussions with commissioners related to new service models can incorporate this element into the LMHT offer.

Psychological Therapies Services (non IAPT) and Step 4

These services have historically had waiting lists due to levels of resource versus need and a picture of increasing referrals and complexity of presentations. The service also operate an opt in assessment process whereby individuals are sent a questionnaire which they are asked to complete and return within 2 weeks. These are still accepted up to 3 weeks later. The service specification outlines that the clock starts at receipt of the questionnaire but RIO does not capture this.

Individuals waiting for psychological therapies will be assessed as safe and able to do so. The service does not accept those who are in crisis, who have recent suicidal attempts or intentions or those who present with chaotic and risky behaviors. These individuals would be signposted /referred to more appropriate services for support. Generally, those accepted for the service will have long term psychological needs and will have accessed other supports previously. The service does review those on the waiting list at 18 weeks and thereafter, every 12 weeks to ensure therapy is still the appropriate option and to review risks and needs.

Although there have been staffing difficulties across the City Step 4 service due to a number of factors including long term sickness, vacancies and acting up arrangements the service has sourced through the bank and agency attempts to cover these gaps and one locum clinical psychologist has been recruited for 3 days per week. A permanent clinical member of staff commences in October and the long term sickness has now been resolved. One further clinical psychology post is going out to advert this month and once that is recruited to the service will be fully staffed.

There are three trainee psychologists joining the team, one who starts in the autumn and 2 in January 2019 until September. They will provide some additional clinical capacity as they do case work as part of their training.

In light of the staffing difficulties this year, the team has reviewed access referral criteria to ensure this is being applied in line with the service specification to ensure the service is provided as commissioned. The service is now starting to plan to reduce waits over the next six months, given the improved and planned improvements in staffing. There will be additional appointments offered to meet the current average demand of 30 referrals per month and to reduce the backlog within the next six months.

We are engaging with the commissioners as there is a need to work with the Trust to review the entire Psychological Therapies offer at Step 4 as different levels of service are provided in different areas, some of which relate to existing service specifications and some that does not. The interface with IAPT and secondary services including commissioning of psychological therapies for those with personality disorder requires review and standardisation. It is hoped that this can form part of the new clinical strategy for the Trust, influencing more seamless pathways to ensure that service users can access support at the right level when they need this.

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