NHS Clinical Commissioners

The independent collective voice of clinical commissioning groups

Submission to the Independent Mental Health Act Review

Response Time and Transporting People in Mental Health Crisis

We are concerned that people who are in mental health crisis are not consistently triggering an appropriate response time from ambulance trusts, as the two triage tools approved for use by the Department of Health focus in the main on physical conditions. Ambulance trusts have put work around systems in place, and in the absence of any formal standard, have agreed a voluntary 30-minute response time for people detained under Section136 of the Mental Health Act. A 30-minute response time equates to a Category 2 response under new Ambulance Response Programme (ARP) arrangements. This level of response is for people with serious, but not immediately life-threatening conditions. So, would be appropriate for many people in mental health crisis. Despite this there is considerable variation both in commissioning arrangements and ambulance response times in different parts of the country.

There is work already underway to address this. NHS England plan to include Section 136 response times as a measure (but not a performance standard) within the ARP. This is a significant step in terms of parity of esteem as the need to respond to this specific patient group appropriately has now been ”formalised”. The issue is more about ensuring the right solutions are now commissioned to deliver against this measure and that trusts then deliver against the measure.

The National Ambulance Commissioners Network and the Mental Health Commissioners Network (both member networks of NHS Clinical Commissioners) have had some initial conversations with the Association for Ambulance Chief Executives (AACE), the College of Paramedics, NHS Pathways about the response time and transportation of people in mental health crisis.

The organisations listed above plan to work together, possibly with other organisations such as NHS England and the Police, to explore these issues in more detail. The aim of this work is to ensure that people in mental health crisis receive the treatment and support they need, when they need it, are treated with dignity, and that their liberty and autonomy is respected as far as possible.

Clayre La Trobe, (Head of 999 Commissioning, Sussex) undertook a rapid piece of work on behalf of the National Ambulance Commissioners Network to identify some of the possible solutions and approaches to the issues identified to date by speaking to a small group of commissioners and service provider colleagues. These findings have been grouped under four main headings:

We need to better identify / distinguish between the different urgent and emergency care needs of different casemix so as to better tailor NHS111 and 999 services around the needs of patients e.g.

- Patients with learning disabilities / cognitive behavioural difficulties
- Chaotic patients e.g. drug, alcohol misuse
- Stable patients e.g. depression, anxiety
- Patients in crisis e.g. suicidal

It is important to take into consideration that the ambulance service and mental health service providers have different definitions of urgent and emergency.

This should also include the range of different Mental Health Act requirements for transport e.g. initial detention in the community, Section 135/6, return from Community Treatment Orders (CTOs)/ Absence without Leave (AWOL), secure transport for patients with complex needs/violence and aggression, transport out of area.

How can NHS111 and 999 call centres better identify and support MH patients?

- Review of NHS Pathways and Advanced Medical Priority Dispatch System (AMPDS) to offer improved sensitivity to mental health symptoms
- Service developments within 999 and NHS111 services – mental health clinicians in call centres
  - Merits of employed by vs based in vs rotational scheme
  - to support call handlers and callers to
    - improve 999 Hear & Treat rates/reducing response rates
    - supporting crews on scene/reducing job cycle time / improving See and Treat rates / reducing conveyance rates
  - Medicines management – repeat prescriptions; regular calls to improve compliance
- Improved data sharing between NHS111, 999 and MH service providers, with case management approach, including pro-active support for frequent service users
- Optimising Directory of Services (DOS) (DOS system and content)
- Optimising referrals to other healthcare settings (Interoperability Toolkit (ITK), direct appointment booking, single points of access etc)

When ambulance clinicians are dispatched to a patient in mental health crisis, what can be done to improve the probability of the patient receiving the right care in the right place first time

- Frontline crews can consult with mental health professionals (e.g. in NHS111 and 999 call centres)
- Pairing mental health and ambulance professionals in response vehicles e.g.
  - Mental Health Nurse with Police ('Street Triage' model)
  - Mental Health Nurse with Paramedic or Paramedic Practitioner (PP) ('urgent Mental Health response and assessment team')
- Improved access to mental health care management plans
- Improved mental health service offering from Urgent Treatment Centres

- Ambulance personnel able to confidently convey to a wider range of services (than just Emergency Department) e.g. Urgent Treatment Centres (UTCs) and Crisis Cafes, according to the balance of physical and mental health needs
- Appropriate prioritisation of patients with MH problems:
    - With more sensitivity to mental health symptoms (as above), NHS Pathways (and AMPDS) might link to a wider range of response time Categories, or to new Categories specific to MH problems
    - Take into account:
        - Risks and operational pressures on specialist mental health teams (e.g. Approved Mental Health Professional (AMHPs) and Police
        - Different needs of different casemix and clinical assessment e.g. Section 136 needs 30 mins response time; Section 2 needs 60 minutes response time; Section 135 needs a bookable but guaranteed response time
        - The balance between physical and mental health needs

What can be done to improve patient and staff experience of transporting MH patients in crisis?

- Appropriate prioritisation of patients with MH problems:
    - With more sensitivity to mental health symptoms (as above), NHS Pathways (and AMPDS) might link to a wider range of response time Categories, or to new Categories specific to MH problems
    - Consistently triage patient and staff needs to ensure that each leg of a patient's journey calls upon the right vehicle and skillmix e.g. a detained patient may need up to 3 conveyances (to emergency department (ED); ED to Section136 assessment suite; s136 suite to hospital) – a blue light, Double crewed ambulance (DCA) + paramedic response is not required for all legs

- Take into account:
    - Risks and operational pressures on specialist mental health teams (e.g. AMHPs) and Police
    - Different response time needs of different casemix e.g. Section 136 needs 30 mins response time; s2 needs 60 mins response time; Section 135 needs a bookable but guaranteed response time
    - The balance between physical and mental health needs

- Make best use of limited resources, so as to improve response time performance
    - Consistently triage patient and staff needs for each leg of the patient's journey to ensure right response (vehicle and skill mix)
    - Identify and share different commissioning models for emergency and non-emergency transport solutions for MH patients in crisis.
      Consider setting national standards to underpin a minimum service offering/commitment (e.g. Ambulance Quality Indicators (AQI(s)) or National Operational Standards specific to MH patient cohorts / casemix). Section 136 is being included as a measure in the AQI from this year (2018). There is also a plan to develop a set of Clinical Quality Indicators for mental health, similar to those already in place for other conditions such as stroke.
    - Improve data sharing arrangements, so as to better inform commissioning intentions (currently demand data is fragmented across a range of different

service providers Police, 999 Trusts, Acute Trusts, MH Trusts, and different departments/teams within them)
    - Improve the strategic and tactical liaison between the ambulance trust and the police

- Provide response teams with appropriate training and support e.g. access to advice from a mental health clinician (e.g. in the 999/NHS111 call centre) as per Mental Health Crisis Care Concordat National Action Plan 2014.