

NHS England's Access and Waiting Times Programme

Perinatal Mental Health

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Access and Waiting Times are part of a wider commitment to Parity of Esteem for Mental Health



Equivalent standards as for physical health:

- Tackle long waits for treatment: ensure that access to service is timely
- Reduce the treatment gap: increase the number of people accessing treatment
- Embed NICE-concordant care in all areas: ensure that services accessed are evidence-based, clinically effective, safe and recovery focussed

Access and Waiting-Time standards in mental health build on existing standards elsewhere in the NHS

Waiting-time standards

Maximum time people should wait

- Build on “Big 5” standards operating elsewhere in the NHS, currently covering:
 - A&E (4 hour to admission, discharge or referral)
 - Cancer (2 weeks to specialist appointment, 2 months to treatment)
 - Elective care (18 weeks referral-to-treatment)
 - Diagnostics (6 weeks)
 - Ambulance (8 or 19 minutes)
- Set out in the NHS Constitution and Government’s Mandate to NHS England
- Data published weekly/monthly/quarterly

Access Standards

What services, and who should access them

Service level

What service people will access

- Could cover:
 - Availability of service in all areas
 - Workforce training and staffing levels
 - Delivery of NICE-approved interventions
 - Routine outcome measurement
 - Method of access (eg single point)
 - Patient choice (where appropriate)

Patient level

How many people access treatment

- Could include:
 - A given number of people
 - Equitable access across patient groups

Two initial tranches of standards were agreed over the last year, as the first stage of a five-year plan

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Better Access by 2020

October 2014

Early Intervention in Psychosis

- 50% of people experiencing a first episode of psychosis treated with a NICE-approved package of care within two weeks of referral
- £40m recurrent, held in CCG baselines, indicative tariff uplift to providers

Improving Access to Psychological Therapies

- 75% treated within 6 weeks, and 95% within 18 weeks
- £10m non-recurrent, held in NHSE programme funds

Liaison Psychiatry

- Support effective models of liaison psychiatry in a greater number of acute hospitals
- £30m non-recurrent, held in NHSE programme funds

2a

Autumn Statement

December 2014

Eating Disorders

- Improve CYP access to specialist evidence-based community services
- £30m recurrent, held in NHSE programme funds

2b

Budget

March 2015

CAMHS

- Local Transformation Plans across NHS, Local Government and Schools
- £235m recurrent, allocated to CCGs in-year

Perinatal

- Process underway to inform allocation and implementation
- £15m recurrent, held in NHSE programme funds

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The Mental Health Task Force, chaired by Paul Farmer (Mind), is producing a costed five-year plan for the NHS to improve mental health services. This may include further standards

The National Collaborating Centre for Mental Health are leading a process of expert engagement

Expert advice and input

Convened by NCCMH

Broad definition of expertise required:

- Clinical (all appropriate specialties)
- Non-clinical professionals
- Experts by experience
- Commissioners
- Service managers

Remit to advise NHSE on:

- How best to commission NICE-concordant care
- Possibility for access/waiting-time standards
- Use of additional funds
- Wider enablers and success factors (workforce, datasets, payment/levers etc)

Work to produce:

- Model pathways
- Commissioning guidance

Expert Reference Group

Two meetings held: June, July

Further meeting: September

- Facilitator: Prof Steve Pilling (UCL, NCCMH)
- Chair: Dr Lise Hertel (Newham CCG)
- Cross-disciplinary expertise:
 - By experience
 - Mental Health: Commissioning, Psychology, Psychiatry
 - Others: Health Visiting, Midwifery, Obstetrics, Pharmacy

Technical Team

Meets fortnightly

- Cross-disciplinary expertise: Commissioner, Psychiatrist, Service Adviser
- Supported by: Editor, Facilitator, Health Economist, NHS England programme staff, Project Manager, Research Assistant

This expert advice will inform NHSE's internal governance, and work in all areas through

National-level Governance

Led by NHSE, involving others as appropriate

Formal decision-making by the Mental Health Parity of Esteem Board:

- Led by Sir Bruce Keogh, NHS Medical Director
- Membership includes National Clinical Directors, senior figures from all NHS England Directorates and DH

Coordinated programme management

- Makes links across NHSE (Commissioning Operations, Maternity, Health Visitors, Specialised Commissioning etc)
- Provides updates to DH and Ministers
- Makes links to other programmes of work, eg Mental Health Task Force
- Engages and works with other ALBs required to deliver transformation (Monitor, TDA, HSCIC, PHE)

Regional enabling work

Clinical Networks, commissioners, providers

Being determined, but hope to build on experience of first new standard for EIP services, which includes specific regional preparedness programmes, covering:

- Raising awareness of the new standard
- Convening local experts and establishing quality improvement networks
- Understanding levels/nature of demand in each CCG, compared to expected prevalence
- Understanding baseline performance and undertaking a gap analysis
- Optimising referral to treatment pathways, engaging all of the likely referral sources
- Preparing for the new data collection requirements and service and information leads
- Supporting workforce development programmes

Some helpful early engagement and input from range of clinical networks (SCNs)

