

The new mental health access & waiting time standards

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**28.11.14 Sarah Khan MH Senior Programme Lead (Access & Waits) NHS England
 Preparing to implement the new mental health access & waiting
 time standards**

The Financial Package

Using a new £40 million funding boost for mental health services, secured to kick-start delivery of the 2020 vision, we will be building capacity in some priority areas in order to prepare for the introduction of new access standards in the following year.

- £7m to CAMHS T4, £33m to EIP and crisis care in 14/15
- **Plus:** 4 x 200k EIP regional preparedness money

In 2015/16 a further £80m will be freed from existing budgets, enabling introduction of the first access and waiting times standards of their kind – lines in the sand – to be set on parity of esteem for mental health services.

- £40m to be targeted recurrently on EIP, £30m on liaison psychiatry and £10m on IAPT

The 15/16 Access & Waiting Time Standard for EIP

By April 2016:

- More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral.

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National Expert Reference Group –
Developing the new Access & Waiting Times Target for Early Intervention in Psychosis services



How will the standard be measured?

In order to monitor the new access & waiting time standard the national EIP ERG is working with the HSCIC to specify:

1. What the 'clock starts' and 'clock stops' should be to measure the two-week referral to treatment standard – **the waiting time**
2. What the NICE concordant "intervention codes" should be – **the quality of care**

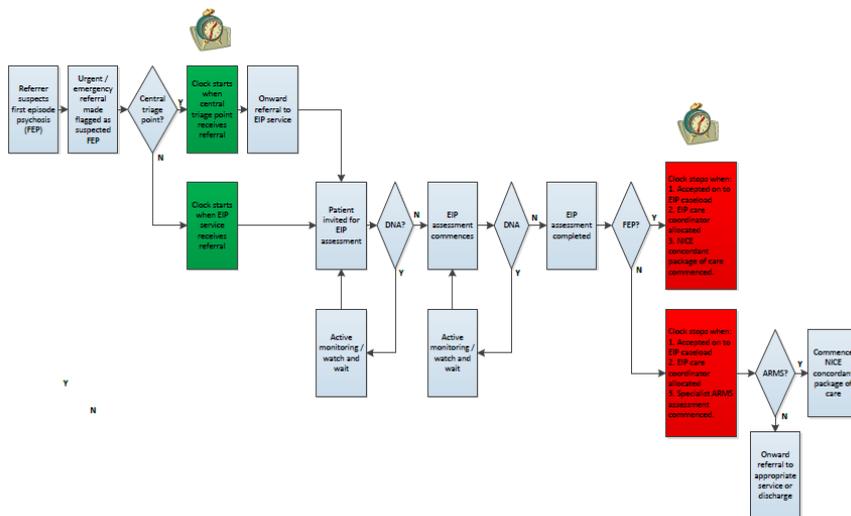
The ERG is also working to specify what the EIP outcomes dataset should be.

One window to change the MHMDS in the next 2-3 years! Specify the changes required to the dataset by the end of November 2014 in order for the dataset (and the fields on RiO / Jade etc) to change **from 1st April 2016**.

In 15/16, RTT performance will be assessed using **MHMDS proxies or a UNIFY collection**.

We expect to use **national clinical audit** to assess the quality of service provision in 15/16

Draft EIP Referral to Treatment (RTT) pathway



South Region Expert Reference Group – Regional preparedness

Chair: Prof Belinda Lennox (Oxford AHSN)



Purpose of the South Region ERG

- Improve the regions capacity and capability to deliver the new standards;
- Reduce unwarranted variation in workforce competency across the region;

Regional preparedness work

1. Raising awareness
2. Bringing together the experts and establishing quality improvement networks
3. Understanding demand
4. Understanding baseline position + gap analysis – **2 week wait is the easy part...**
5. Optimising RTT pathways – need to engage all of the potential referral sources
6. Developing the workforce – **capacity, skills & leadership** – can the workforce deliver the full range of NICE concordant interventions as this will be the definition of 'treatment'? **By far the biggest challenge! LETB engagement will be critical**
7. Preparing for the new data collection requirements – training for service and information leads

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Current staff provision and training gap analysis

Please note this is DRAFT DATA requiring further validation





Data sources

- Survey data
- Prediction data from <http://www.psymaptic.org>
- Population data (source Survey, County websites)
- Staff predictor from IAPT SMI pilot services

11 EIP Readiness Data analysis



Training needs survey to each of 25 EIP teams/services

What proportion of your EIP team have the training to deliver the following NICE concordant interventions? *

Please estimate to the nearest percentage of the proportion of your team that have had training and can deliver the following interventions for At Risk Mental States and First Episode Psychosis

	No Trained Staff	Less than 10% Staff Trained	25% EIP Staff Trained	50% EIP Staff Trained	75% of EIP Staff Trained	All EIP Staff Trained
CBT Informed Care (e.g. Graded Exposure and Behavioural Activation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT or other individual Psychological Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NICE Level Family Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual Vocational Support and Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12 NHS

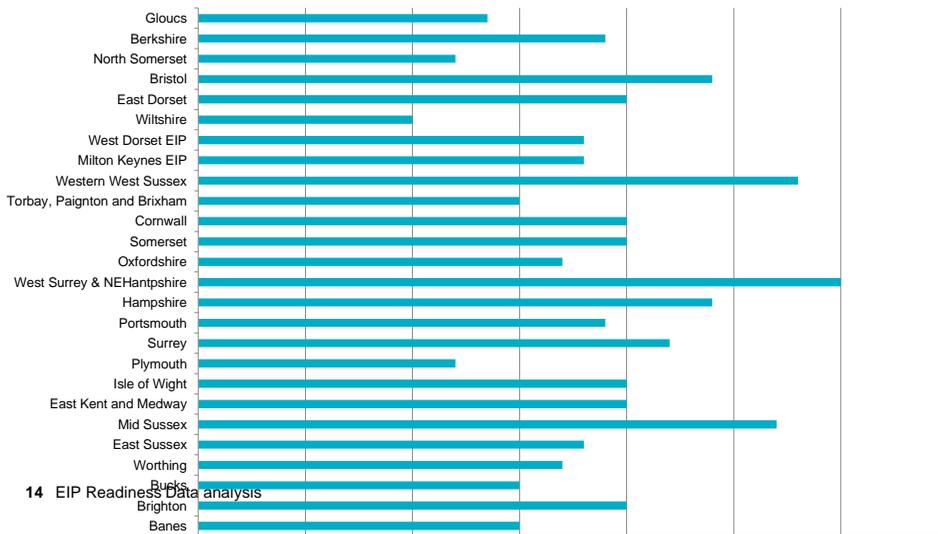


Demographics

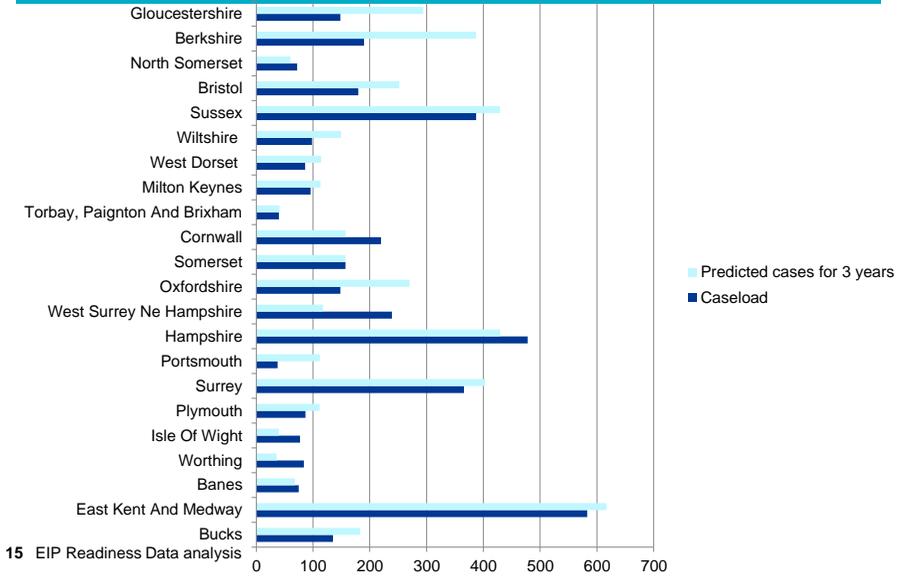
- Population 12.5 million
- 25 EIP services
- Employing 280 WTE staff
- Current caseload 3982 FEP
- Average caseload 19 FEP,
- Including 2 ARMS, 3 <18, 0.8 >35

13 EIP Readiness Data analysis

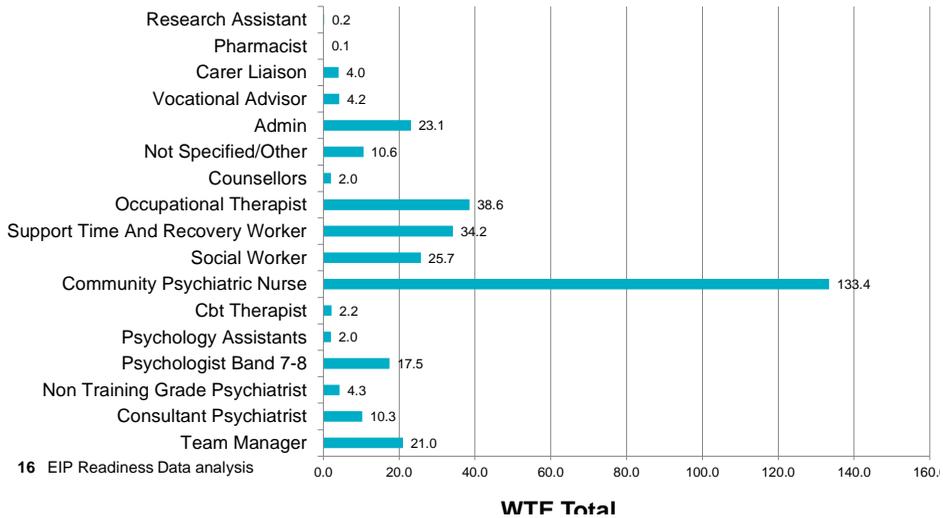
Caseload ranging from 10-30



Total Caseload Vs. Predicted cases



Who works in EIP teams?



suggested staff needed to respond to AWT target



Assessment, diagnosis, prescribing, physical health monitoring	0.5 Consultant Psychiatrist
CBT for Psychosis (CBTp) & Family Intervention	1 Band 8a/b practitioner (supervisor) 2 Band 7 practitioners [all working across both interventions] Training level: Basic CBT + psychosis module, and train the trainer to bring skills to wider team. All essential for required skill mix for psychologically informed team.
Employment and activity support	1 Band 5/6 Occupational Therapist
Recovery oriented care coordination (recovery values through train the trainer psychology approach) <ul style="list-style-type: none"> - Information provision - Engagement with YP - Substance misuse support - Physical health support - Motivation interviewing/ basic CBT skills 	1 team manager, Band 7 3 care coordinators, Band 6 2 care coordinator, Band 5 Caseload maximum 20 per case manager. Specialist practitioners do not coordinate care or deliver the listed interventions. 2 support workers, Band 3 (one of whom should be a peer support worker)
Admin support	0.5 admin Band 3

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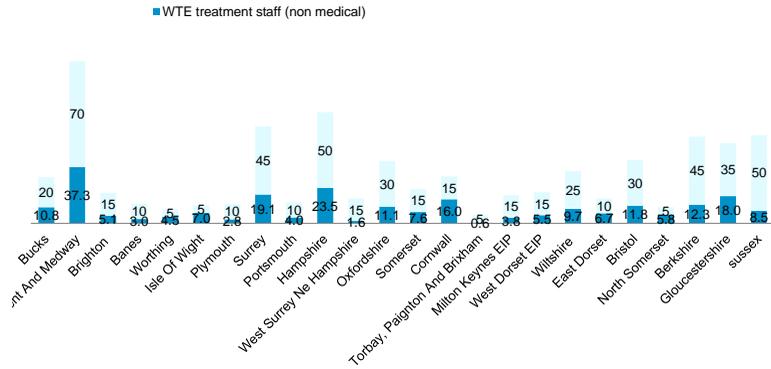
Which would give a staff gap for South England:



	Predicted WTE	Actual WTE	Gap WTE
Consultant Psychiatrist	50	11.5	38.5
8a psychologist	100	18.5	281.5
Band 7 psychologist	200		
Band 5/6 care coordinators	500	242	258
Support workers	200	39.6	160.4
Admin	50	25.2	24.8
OT	100	38.8	61.2
Team managers	100	23.8	76.2

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Gaps in care coordinators by area



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Skills gap survey of existing EIP staff

- CBT skills
- Family therapy interventions
- Vocational skills
- Physical health
- Assessment tools
- Calculated as % trained in each team x no. of all staff band 5-7

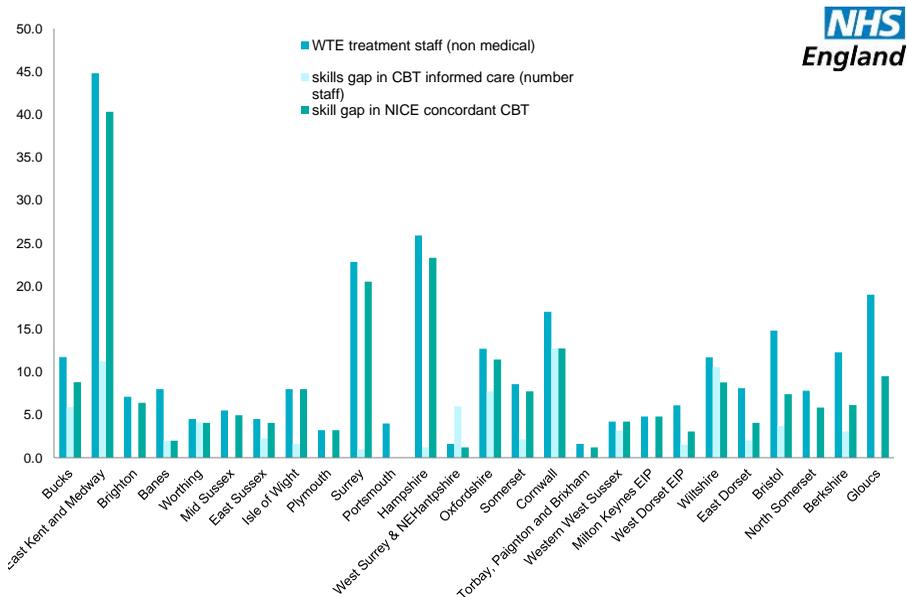
20 EIP Readiness Data analysis



Skills gap survey results

- Total 280 WTE band 5-7 ‘treatment’ staff working in EIP in South England
- Of these, the number **without** training to deliver:
- NICE concordant CBT: 214
- CBT Informed Care (e.g. Graded Exposure and Behavioural activation): 82

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Skills gap 2:

- No. without training in NICE concordant family therapy: 228
- No. without training in family interventions: 155
- No. without training in vocational support: 214
- No. without training in physical health interventions: 180

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Skills gaps 3: assessment tools:

- No. without training in CAARMS: 196
- No. without training in PANSS: 136

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Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16

12th Feb 2015

1.2 Supporting funding

- The new standards for 15/16 will be supported by an £80m funding package: £40m recurrent funding to support delivery of the early intervention in psychosis standard;

- Monitor and the NHS Trust Development Authority (TDA) have highlighted the importance of prioritising achievement of the new standards in their planning frameworks for providers for 15/16.

1.3 Expectations of commissioners and providers

“Commissioners should agree robust implementation plans with providers as part of their 15/16 contract development work.”

“Commissioners are required to agree service development and improvement plans (SDIPs) as part of their 15/16 contract with mental health providers, setting out how providers will prepare for and implement the new standards during 2015/16 and achieve them on an ongoing basis from 1 April 2016.”

2.5 Expectations of commissioners

- NHS England's expectation is that the additional £40m funding being made available recurrently should be invested recurrently in EIP services to support sustainable delivery of the new access and waiting time standard.
- EIP services are subject to local agreement on pricing, and so commissioners should ensure that increases in the level of local investment take into account baseline performance against both elements of the EIP standard: Referral to treatment waiting times; and current levels of NICE concordance

2.3 How will the standard be measured?

- Both elements of the standard will be measured – the wait from referral to treatment and whether the treatment accessed is NICE concordant.

2.3.2 Assessing NICE concordance

- The approach to measurement will be necessarily retrospective. For year 1, the approach currently being explored is the commissioning of a national clinical audit focusing on the care offered and delivered to individuals identified as experiencing first episode psychosis during 2015/16.
- By April 2016, the mental health and learning disability dataset (MHLDDS) is to be updated to include the relevant NICE concordant interventions so that it should be possible in the medium term to draw the relevant data directly from provider systems. A third option under development is the establishment of an accreditation or service 'kitemarking' scheme for early intervention in psychosis services.

2.7 Regional Preparedness work should comprise:

- 1. Raising awareness of the requirements of the new standard.
- 2. Bringing together local experts and establishing quality improvement networks, ensuring effective linkage with strategic clinical networks.
- 3. Understanding levels of demand in constituent CCGs and any inequities in access relative to the levels and patterns of psychosis incidence in the population.
- 4. Understanding baseline performance and undertaking a gap analysis.
- 5. Optimising referral to treatment pathways, engaging all of the likely referral sources.
- 6. Preparing for the new data collection requirements and providing training for EIP service and information leads.
- 7. Supporting local workforce development programmes.

Challenges

- £40M will become available to Trusts that have signed up for the enhanced tariff BEFORE we have completed the national and regional work – particularly defining the 2015 EIP spec for 'clock stop' (for commissioner guidelines) and the gap analysis to follow the baseline surveys.
- The waiting time target will be a MDS requirement next year not this.

How will this be taken forward?

- National ERG
- Regional ERGs
- Linking with :
 - IRIS
 - NHS Benchmarking
 - SMI IAPT & Competence Frameworks
 - ? You