

Greater Manchester Mental Health Network

Benchmarking and Peer Review of PICUs Across Greater Manchester

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Benchmark Review

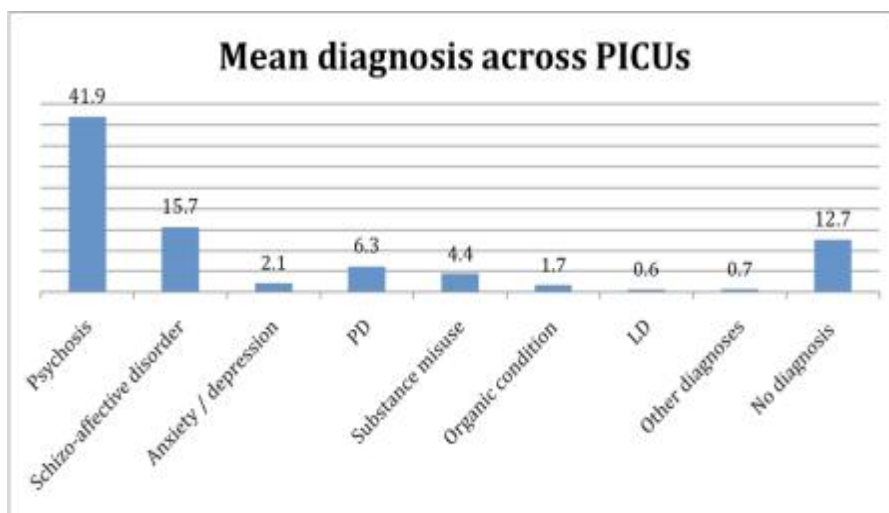
Peer Review

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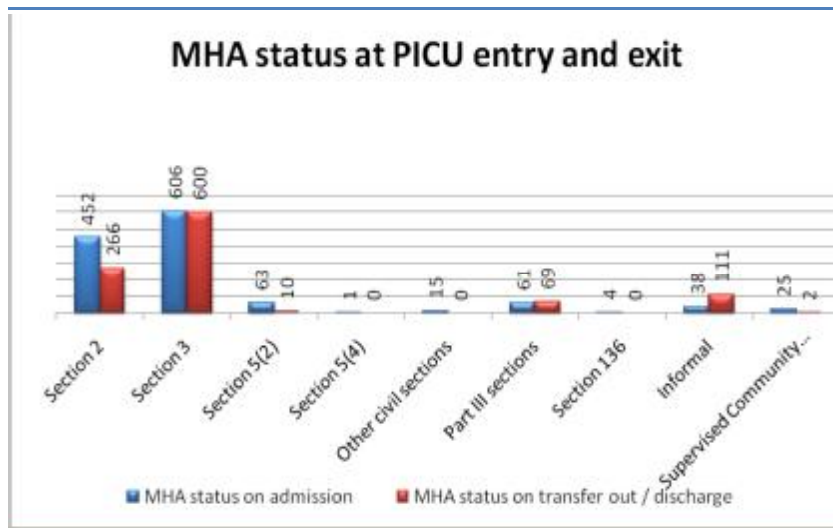
Method Benchmark Review

- Bespoke data collection tool
- Content agreed with providers and Commissioners in advance
- Based on what could be easily obtained
- Areas include:
 - Bed numbers
 - Costs
 - Activity
 - SUIs
 - Staffing
 - Demographics
 - Clinical profiles
- Anonymised shared with providers for sign off

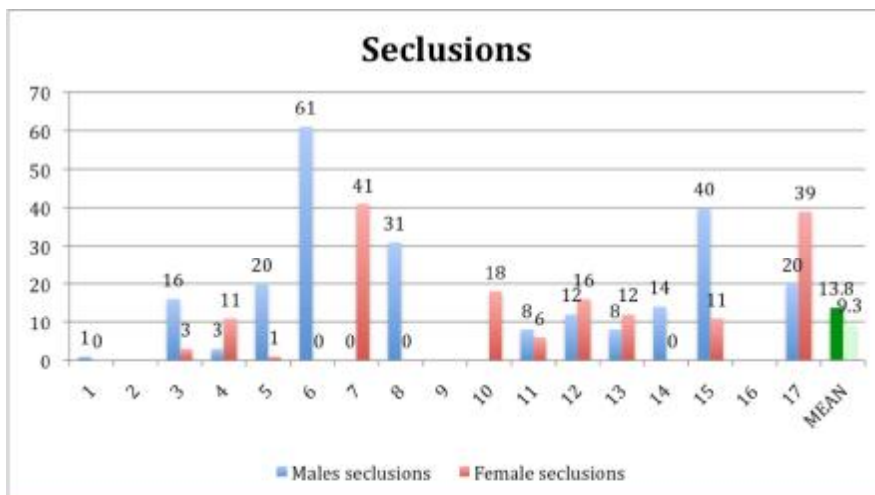
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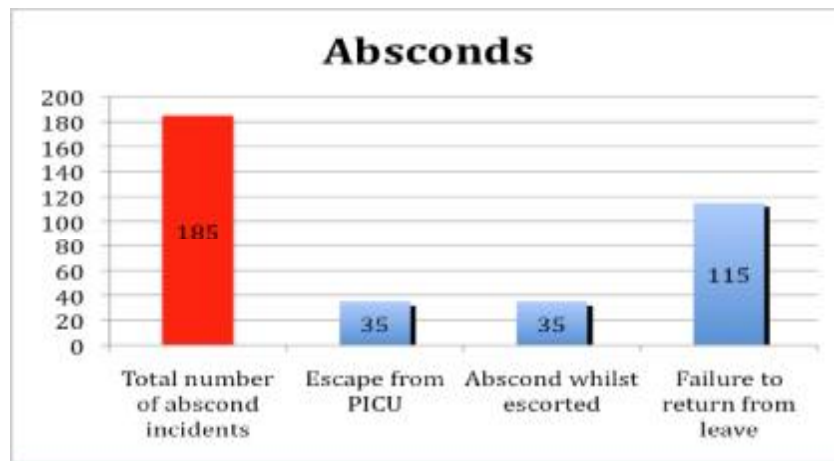
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Benchmark Key messages

- Wide disparity in service profiles, resources, activity and practice
- Evidence of considerable good practice
- Identified the need to Develop a network to work together and share good practice to improve services
- Repeating of aspects of the process to consolidate positive outcomes.

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Peer Review Method

- Pilot undertaken, tool revised
- Governance process confirmed at each provider
- Visits undertaken
- Report produced

- Consistency, GMMHN team member
- PICU nurse and Doctor involved

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Peer Review Visits

Completion of Audit Tool through:

- Free discussion at start of visit
- Clinicians complete review of case notes
- GMMHN team member discussed with ward manager
- Doctor to doctor discussion
- Nurse to nurse discussion
- All updated environment section
- Further discussions as time allowed

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Peer Review Conclusions

- Evidence of professionalism and care from all staff within the units visited.
- Developments for the future identified at each unit, individual reports produced.
- Interest in sharing good practice to be explored through the establishment of a GM PICU network.

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What our MDT thought of the process

- Improvements in practice: creating real benefits in patient care and service delivery
- Develops openness to change
- Provide assurance: we are meeting evidence-based best practice
- Listening to patients, understanding their expectations
- Minimise error or harm to patients;
- Reduce incidents/complaints

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Initial Thoughts...

- Initially it was stressful for the MDT and produced mixed feelings and reactions
- Lots of information to find and collate – a substantial and time consuming task
- Difference in attitudes and expectations between reviewers and the reviewed
- Made us look at hard facts eg about seclusion, violence and aggression etc..

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Initial Thoughts continued

- And this was stressful as the outcomes seemed to shift through the process as they were clarified
- But it was worth it because by the end there was consistency and transparency about the outcomes
- Some concerns that audits focus management/commissioners on compliance “scores on the doors” rather than innovation and service improvement.

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It Provides focus for the MDT

on ways to change and improve and allows us to see where we are in relation to other units

In terms of

- Processes
- Practice
- Environment
- Organisation

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A critical friend?

- By taking a factual collaborative approach and not a critical or punitive one, misgivings were dispelled and this facilitated the positive outcomes.

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Some Final Thoughts

- How to involve service users / carers' in future
- All patients arrive already clustered – how do we then justify an expensive specialist service?
- The NMS consultation document 2012 contains no exclusion criteria (for the patient groups that reduce turnover)
- Urgent need to address poor access to rehabilitation, forensic, learning disability and specialist dementia services as patients should not spend months on a PICU

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OUTCOMES

Best of all - the network

- Breaks down isolation
- Peer support
- Sharing best practice
- Helps to address misunderstanding about where General Adult PICU fits into overall service provision
- Providing a formalised structure to address common themes and concerns.

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