National review of NHS acute inpatient mental health services in England: implications for psychiatric intensive care units

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Outline of presentation

1. Overview of the review
2. Overall results
3. The PICU findings
   • Relevant results presented in relation to standards in the *Mental Health Policy Implementation Guide: National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICUs) and Low Secure Environments*
4. Considerations for PICUs
Why conduct this service review?

• over the last decade, concerns about the quality of inpatient service provision with evidence of unmet needs

• renewed policy attention on inpatient services, along with capital investment and a range of national initiatives

• complementary follow up to our joint review of community mental health services

• the importance of inpatient wards as an essential component of mental health service provision
Focus of the review

• assessment of how well trusts have responded to the national agenda to improve care for those who require admission to hospital

• an opportunity to benchmark performance and identify areas for improvement

• mental health provider trusts that provided inpatient services during 2006/2007 given a score as part of our Annual Health Check

• an assessment framework that focused on outcomes and the quality and safety of services
Development of the assessment framework

- review developed in collaboration – overseen by steering group with membership from national acute mental health project, Mental Health Act Commission and AIMs/ongoing support from service user and carer consultants

- literature review, standards mapping, public consultation and engagement events

- fact finding visits and piloting the draft assessment framework in ten development sites

- expert advice to refine assessment, to select final indicator set and to develop scoring rules
Scope of the review

Who did we review?
• All 69 NHS providers of mental health inpatient services in England, including foundation trusts

What was reviewed?
• Services for adults aged 18-64 in acute admission mental health wards and psychiatric intensive care units (PICUs) and their links with acute other acute care services (554 wards providing over 9000 beds)

What was not included in the scope of the review?
• Independent sector, rehabilitation, secure or specialist inpatient mental health provision
Assessment framework summary

• Overall aim to assess whether admissions to inpatient mental health services are appropriate, purposeful, therapeutic and safe

• Performance assessed against four criteria:

> **Criterion 1:** Effective acute care pathway re admissions and discharges

> **Criterion 2:** Whole person care which promotes recovery and inclusion

> **Criterion 3:** Service user and carer involvement

> **Criterion 4:** Safe systems, processes and facilities
Data collection

Assessment based on 58 scored indicators:
• a third based on 13 national data sets
• two thirds based on data collected specifically for the review including:
  > trust acute inpatient leads questionnaire (TQ) (1 per trust)
  > ward manager questionnaire (WMQ) (1 per ward)
  > service user group questionnaire (SUQ) (1 per ward)
  > care records audit (CRA) (50 per trust)
• over 11,000 data items in total
Overall results of the review
Overall final scores

Overall score for the review based on the aggregation of results at indicator, question and criterion level:

• ‘excellent’ (4) – performance goes well beyond the minimum requirements and the reasonable expectations of patients and the public

• ‘good’ (3) – performance goes beyond the minimum requirements and the reasonable expectations of patients and the public

• ‘fair’ (2) – performance only meets the minimum requirements and the reasonable expectations of patients and the public

• ‘weak’ (1) – performance does not meet the minimum requirements and the reasonable expectations of patients and the public
Overall results

The final scores were distributed across the four bands:

- we scored most trusts as 'fair' (30 trusts, 43%) followed by 'good' (20 trusts, 29%)

- almost as many trusts were scored 'excellent' (8 trusts, 12%) as were scored 'weak' (11 trusts, 16%)

- similar proportion of trusts scored as 'excellent' compared with our review of community mental health services but a higher proportion scored as ‘weak’ for the quality of their inpatient services
Analysis of overall scores

- some differences in the distribution of scores by type of trust and strategic health authority

- the better performers were more likely to be smaller trusts – e.g. those we scored as ‘excellent’ provided 9% of acute beds whilst those we scored as ‘weak’ provided 23%

- the trusts we scored as ‘weak’ were more likely to be larger and serving an urban, more deprived population

- as well as differences between trusts, there were variations in the results between wards within trusts
Criteria scores

- no trust was scored ‘excellent’ on all four criteria
- the highest proportion of trusts were scored ‘weak’ for involving service users and carers (39%), although this criterion also had the highest proportion of trusts scored as ‘excellent’
- around one in every nine trusts (12%) were scored ‘weak’ for whole person care and safety
- no trusts were scored ‘excellent’ for the effectiveness of the acute care pathway, although fewer trusts were scored ‘weak’ compared with the other three criteria
Key conclusions of the review

- the renewed policy focus, supported by the range of national initiatives, has started to facilitate progress
- those trusts we scored as ‘excellent’ demonstrate that good quality acute care is both achievable and being achieved
- wide variations in quality of services and in certain aspects of care
- it is important to sustain momentum to drive up quality within a care pathway approach
The PICU findings
Service profiles (Summer 2007)

<table>
<thead>
<tr>
<th></th>
<th>All wards</th>
<th>Acute wards</th>
<th>PICUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wards</td>
<td>No. 554</td>
<td>No. 461</td>
<td>No. 93</td>
</tr>
<tr>
<td></td>
<td>% 83%</td>
<td>% 83%</td>
<td>% 17%</td>
</tr>
<tr>
<td>Beds</td>
<td>No. 9919</td>
<td>No. 9085</td>
<td>No. 834</td>
</tr>
<tr>
<td></td>
<td>% 92%</td>
<td>% 92%</td>
<td>% 8%</td>
</tr>
</tbody>
</table>

**Acute wards**: 13% male only; 11% female only; 76% mixed

**PICUs**: 20% male only; 4% female only; 76% mixed
Profile of care records audit sample

Compared with the sample of those in acute wards, the profile of the service users in PICUs (based on 259 valid care records, 8% of total sample) was:

- more likely to be male
- more likely to be in younger (in 18-35) age group
- although similar patterns in relation to other diagnoses, a higher proportion of those in PICUs had a diagnosis of schizophrenia but lower proportions diagnosed as having a mood affective disorder
- more likely to include people from a black and minority ethnic group
General practice issues

- Service users on PICUs slightly more likely to have their views about their most recent care plan recorded (54% vs 50%) although improvements still required.

- Care records for PICU service users more likely to include assessment of possible predatory behaviour or likelihood of abusing/offending (84% vs 72%).

- Service users on PICUs more likely to have had 1-1 time with staff on every day of during their first week of admission (25% vs 15%).
Core interventions: biological (1)

Physical health checks (CRA):

- very similar results for service users on PICU and acute wards in relation to carrying out physical health examinations (86%) and assessing past/current use of medications (80% vs 81%)

- PICU service users slightly less likely to have had haematological and biochemical screening (73% vs 77%)

- PICU service users slightly more likely to have had a baseline lifestyle assessment (72% vs 69%) and a baseline electrocardiogram (23% vs 17%) carried out
Core interventions: biological (2)

High dose medication (CRA):

- vast majority of service users received medication within British National Formulary (BNF) guidelines during their first week of admission

- PICU service users slightly less likely to have had no days on which they received medication above BNF limits (90% vs 95%) and slightly more likely to have received medication above BNF limits on all days (3% vs 1%)
## Core interventions: psychological

<table>
<thead>
<tr>
<th>Therapy/Intervention (WMQ)</th>
<th>Acute</th>
<th>PICUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking therapies</td>
<td>95%</td>
<td>87%</td>
</tr>
<tr>
<td>Psychosocial family interventions</td>
<td>46%</td>
<td>41%</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>90%</td>
<td>83%</td>
</tr>
<tr>
<td>Art/music/drama therapy</td>
<td>68%</td>
<td>57%</td>
</tr>
<tr>
<td>Psychoeducation groups</td>
<td>65%</td>
<td>54%</td>
</tr>
<tr>
<td>Relapse prevention/self management</td>
<td>84%</td>
<td>73%</td>
</tr>
<tr>
<td>Hearing voices groups</td>
<td>26%</td>
<td>27%</td>
</tr>
<tr>
<td>Concordance therapy</td>
<td>59%</td>
<td>55%</td>
</tr>
</tbody>
</table>
Core interventions: activities

Ward audit (four weeks, July 2007) indicated that:

- although the rate of running activities was higher on acute wards, PICUs provided a higher rate of providing activities per bed over the period (12.4 per bed vs 7.0 per bed) but similar proportion of activities delivered in the evenings and weekends (30% on PICUs vs 28% on acute wards)

- lower proportion of activities facilitated by external community groups (3% on PICUs vs 5% on acute wards) but very slightly higher rate of facilitating service users to leave the ward (2.4 times per bed vs 2.1)

- of the activities we asked about, music groups were the only type run more frequently on PICU wards (82% vs 76%)

- other types of groups run far less frequently
### Core interventions: health promotion

<table>
<thead>
<tr>
<th>Health promotion activity (WMQ)</th>
<th>Acute</th>
<th>PICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet and healthy eating</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>Physical activity and exercise</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>Substance misuse including alcohol</td>
<td>86%</td>
<td>78%</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>95%</td>
<td>92%</td>
</tr>
<tr>
<td>Pregnancy, contraception and sexual health</td>
<td>59%</td>
<td>52%</td>
</tr>
</tbody>
</table>
Physical environment/facilities

- only two PICUs (2%) registered as having more than 15 beds and only ten PICUs (11%) registered as having more than 12 beds

- 97% of PICU beds in single bedrooms compared with 62% on acute wards

- 100% of PICUs with a (working) TV, 96% with a DVD or video player and 90% with a CD player/stereo

- 98% of PICUs with games

- 83% of PICUs have a phone line that can be used in private/less than a quarter (24%) have a computer with internet access

- only 67% had an area to exercise with exercise equipment and 49% had toys and games for children visitors
User involvement

- PICUs more likely than acute wards to run community meetings more than once a week (22% vs 17%) with similar proportions running meetings at least once a week (52% vs 54%) but far less likely to have independent facilitation of these meetings (52% had no independent facilitation compared with 40% of acute wards)

- In terms of providing information, lower proportion of PICUs had an up-to-date photo board (46% vs 51%)

- PICUs generally more likely to provide information for service users in a range of formats e.g. braille/spoken formats (58% vs 52%) or simple language formats (70% vs 67%)
## User involvement: methods

<table>
<thead>
<tr>
<th>Method of involvement (SUQ)</th>
<th>Acute</th>
<th>PICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient councils</td>
<td>44%</td>
<td>33%</td>
</tr>
<tr>
<td>Trust funded/staffed advocacy</td>
<td>50%</td>
<td>44%</td>
</tr>
<tr>
<td>Independent advocacy</td>
<td>88%</td>
<td>83%</td>
</tr>
<tr>
<td>Satisfaction questionnaire</td>
<td>63%</td>
<td>55%</td>
</tr>
<tr>
<td>User audit or monitoring</td>
<td>52%</td>
<td>42%</td>
</tr>
<tr>
<td>Patient advice and liaison services</td>
<td>91%</td>
<td>82%</td>
</tr>
<tr>
<td>Patient and public involvement fora</td>
<td>61%</td>
<td>55%</td>
</tr>
<tr>
<td>Involvement in staff training</td>
<td>55%</td>
<td>56%</td>
</tr>
<tr>
<td>Involvement in recruitment</td>
<td>59%</td>
<td>57%</td>
</tr>
</tbody>
</table>
Carer involvement

- Slightly higher proportion of care records identified if there was a carer for PICU service users (73% vs 70%)

- Slightly lower proportion of PICU ward managers said their ward had a dedicated carer lead (61% vs 64%)

- Although information for carers was generally less available than for service users across ward types, PICUs were more likely to have certain information available for carers (e.g. a description of what is expected of visitors, rights to a carer’s assessment and of the nearest relative) but less likely to have information about carer support organisations
Ethnicity and culture

- in general, good levels of access reported to interpreters, although 19% of PICU ward managers said that interpreters were not available when required to support involvement in activities and 17% to support engagement in therapies

- 62% of PICU ward managers reported access to pastoral and spiritual support to meet service user needs ‘all of the time’ and another 31% ‘most of the time’

- service user group representatives reported that information was provided in other languages if required for service users on 68% of PICUs and for carers by 60% of PICUs
Staffing issues: personnel

- no trust was significantly below the national average in relation to the workforce input on PICUs
- as might be expected, staffing ratio per beds were greater on PICU wards (e.g. national unit mean for nursing staff on acute wards was 1.0 nurse per bed compared to 2.4 nurses per bed on PICU wards)
- the use of bank and agency nursing staff was higher on PICUs: 16% on acute wards and 21% on PICUs (over six month period)
- In 2007, 71% of PICUs had no dedicated psychology staff (lower than for acute wards), 50% had no dedicated occupational therapy staff; little evidence of dedicated social workers or pharmacists
Staffing issues: supervision and liaison

- 66% of PICU ward managers reported that clinical ward based staff had access to clinical supervision ‘all of the time’ with another 21% saying ‘most of the time’

- 80% said that their leadership development needs had been assessed and, of these 91% had received relevant training

- PICU ward managers reported less frequent access to specialist services such as dual diagnosis, learning disability & CAMHS services compared to acute ward managers

- 33% of PICU care records indicated no involvement of the community care coordinator in care review meetings
Considerations for PICUs

• Are any of the findings surprising?

• Have you or could you use the information submitted for the review or the findings to inform developments? How well are you linked in with your local acute care forums as a mechanism for coordinating improvements?

• Given the higher nurse staffing ratios, should PICUs be expected to offer more (e.g. greater access to therapies, interventions and a wider range of activities) or greater value for money?

• Are PICUs isolated? What are the barriers to bringing in and engaging other groups, organisations and agencies? Is it realistic to expect this could be an area for development?

• How could PICUs extend the range of methods used to involve service users?
Further information about the review available on our review webpage at:

www.healthcarecommission.org.uk/acuteinpatientmentalhealthservicereview