

Crisis/Acute Mental Health - Getting It Right First Time

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Getting It Right First Time

Clinically-led programme, reducing variation and improving outcomes



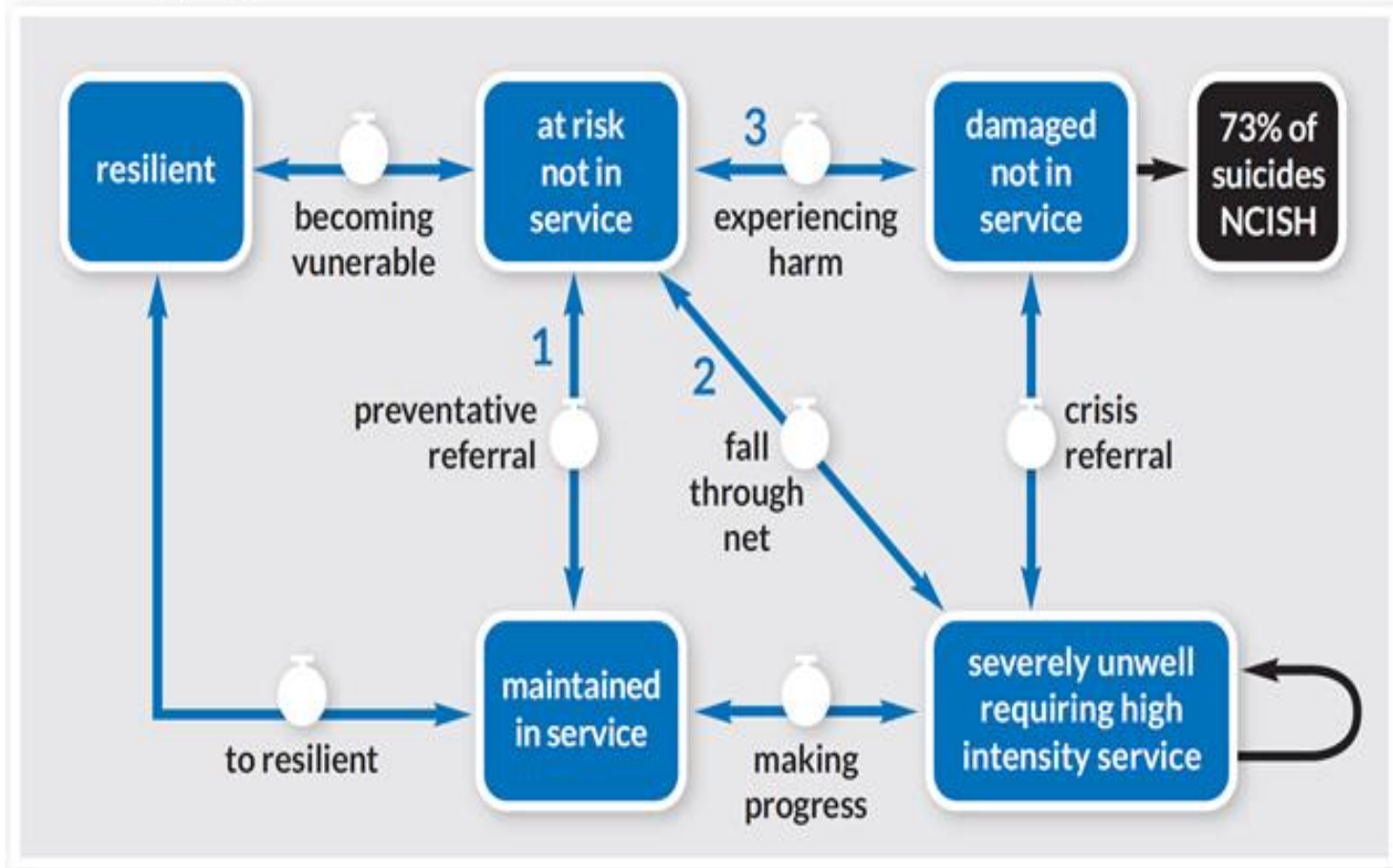
GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement

Programme Scope

- Over 1.6 million adults (18 upwards no upper limit) annually
- Core community MH (CMHTs or equivalents, EIP)
- MH Crisis services/Liaison services
- MH Intensive home treatment services
- Inpatient units – MH acute and PICU beds
- Using hospital provided routine data (NHSBN, MHSDS, NHS Digital)
- Deep dives to trusts to explore variance

Overview of care pathways

Figure 1: Navigating NHS mental health services

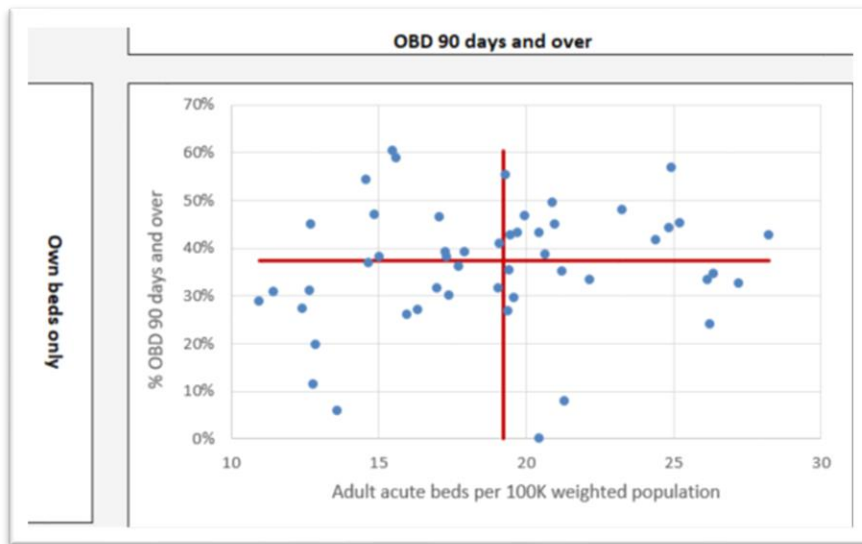


Source: GIRFT

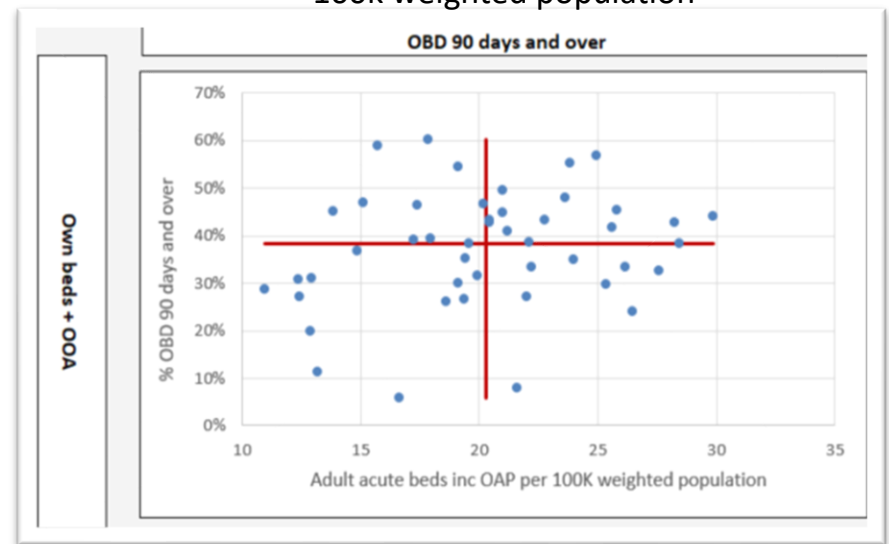
Areas of focus:

- Social Determinants of health
- Access to services
- Demand and capacity
- Core community interventions
- Segmentation of data
- Super-stranded patients and beds inc. OOA
- Data Quality
- Outcomes

Adult acute beds per 100k weighted population



Adult acute beds including out of are bed usage per 100k weighted population



- Q1 High beds and high OBD (top right)
- Q2 Low beds and high OBD (top left)
- Q3 low beds and Low OBD (bottom left)
- Q4 high beds and low OBD(bottom right)

So what?

- Variance in MH has been known about for many years e.g. “Lunacy in many lands” (1887)
- Too much data – poor quality and very little analysed
- Qualitative information important but overreliance on anecdote
- Failure to segment data at same time as only looking at certain points on pathway – reliance on unconnected averages

What will be different?

- Long Term Plan requires whole pathway approach to be successful
- Timely access to effective interventions equitably available for the whole community
- Have to understand interventions and outcomes to make best use of available resources
- Requires timely accurate data fed back to clinical teams and aggregated effectively at management through to board and system levels
- Can we do it- Yes and already underway (if patchy) e.g. use of run charts, SPC, using data to challenge myths and legends, sentinel metrics

Through all our efforts, local or national, we will strive to embody the ‘shoulder to shoulder’ ethos which has become GIRFT’s hallmark as we support clinicians nationwide to deliver continuous quality improvement for the benefit of their patients.



Thank you

- Many thanks to my colleagues in the GIRFT team and to all the Trusts and their staff who have participated in this programme and to all those individuals and organisations within and outwith the NHS who have contributed to discussions and feedback which helped shaped the national report
- National report due out in near future
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