GIRFT national report for mental health crisis and acute care focuses on reducing barriers to access

Providing the right treatment at the right time reduces the risk of people reaching severe or crisis state, says a new national report into adult mental health.

The Getting It Right First Time (GIRFT) programme's latest national report has reviewed adult crisis and acute mental health care, looking at how services are delivered and who is delivering them with the aim of ensuring that patients receive the appropriate level of treatment in a timely way to avoid mental health conditions becoming more chronic and difficult to treat.

The report, written by Dr Ian Davidson, GIRFT clinical lead for mental health adult crisis and acute care, makes 17 important recommendations to improve services. In particular, it highlights that the COVID-19 pandemic has not only increased demand, but has also disproportionately worsened the mental health burden for the most vulnerable.

Mental health problems represent the largest single cause of disability in the UK, with one in four adults experiencing at least one diagnosable mental health problem in any given year. According to a forecast published by the Centre for Mental Health in May 2020, at least half a million additional people in the UK may experience mental ill health as a result of the COVID-19 pandemic.

The report is based on insight from extensive benchmarked data as well as virtual visits to the majority of the secondary mental health providers in England. It is supported by professional societies and other stakeholders.

Mental health care today is overwhelmingly community based, playing a crucial role in delivering mental health care for adults as close to home as possible. The NHS Long Term Plan (LTP) sets out a range of provisions for development and funding of community care, with targets to be reached by 2023/24. There is a welcome focus in the commitments of the NHS LTP to service expansion and ensuring timely access to core community and crisis mental health services.

The GIRFT report highlights inconsistencies in data collection and reporting, and a limited use of outcome measures, which can hinder attempts to assess how effective services are and to plan for the future, ensuring patients get the care most suitable to them when they need it. The report recommends the routine collection and use of data and outcome measures so that trusts can identify the most vulnerable in their population and target resources and interventions to improve equality of access. This will enable them to identify where problems might occur and where opportunities exist to further improve local services.

Another key recommendation is to ensure there is well-managed flow through the crisis pathway and between different services so that people receive the right treatment at the right

time, reducing the risk of people reaching severe or crisis state, as well as reducing the number of people needing inpatient admission.

Trusts are being encouraged to review whether individual resources are consistently directed to where the need is highest, and whether services are being delivered in ways that are timely, accessible, effective and sustainable for those who need them.

Overall, measures in the report present the potential for financial efficiencies in the region of £125m. This would be possible if all adult acute and crisis mental health patients stayed in under NHS care for the average length of time (about 32 days), and if appropriate earlier interventions and alternative services were offered to all who required them.

The increased funding for mental health services in the NHS Long Term Plan and the Mental Health Investment Standard is welcomed by GIRFT. The report is a valuable opportunity to tackle both longstanding and more recent challenges head on and to build on good work already being carried out.

Report recommendations

1. Each ICS/STP area should ensure that it understands the needs of the local community and the demand for mental health services, employing Joint Strategic Needs Assessment (JSNA) where appropriate.
2. Trusts need to work with system partners to ensure that it is clear which needs IAPT services have been commissioned to meet locally.
3. Trusts need to work with system partners to understand and mitigate increased demand on SMI services related to COVID-19.
4. Trusts must ensure that the aims of the NHS LTP Mental Health Implementation Plan and LTP transformation funding are met locally.
5. Trusts need to work with partners locally and through national bodies to establish and train sufficient numbers of professionally qualified staff – including nursing and medical staff, allied health professionals (AHPs), and clinical psychology, pharmacy and social work staff – to meet the patient need for SMI services in England. Trusts also need to reduce vacancy rates and the reliance on agency and locum staff.
6. Trusts need to carry out regular ongoing consideration of opportunities to improve skill mix and evaluation of the impact of any changes or innovations. Such opportunities might include increasing the numbers of peer support workers and professionally qualified staff, including nursing, medical, AHP, clinical psychology, pharmacy and social work staff, and increasing the range of posts such as physician or nurse associates, to further develop new roles (both professionally qualified and non-professionally qualified) and models of care delivery.
7. Trusts need to ensure that existing staff capacity is efficiently utilised and clinician time used to best effect; trusts also need to look at staff wellbeing and support.
8. Trusts need to ensure that their systems are not routinely running at or very near maximum capacity in order to reduce staff burnout and risk of errors, give sufficient flexibility to deal with surges in demand, and allow system thinking and review time.

9. Trusts need to use routinely collected data to explore unexplained variation in reception and acceptance of referrals.
10. Trusts need to engage with patients and carers to identify and reduce avoidable barriers to patient access to SMI services, as well as ensuring that they have fast-track access to CMHTs and other recognised best practices for referral and patient pathway routes.
11. Trusts need to monitor, analyse and report on step-up in intensity of services to ensure that step-up is essential, timely and equitable.
12. Trusts need to ensure that person-centred care and co-production of care plans is standard (including to the maximum extent feasible within the law for those detained under the MHA). For people who lack capacity, care planning should follow the principles and rules set out in the Mental Capacity Act.
13. Trusts need to record robust, publicly available outcome and intervention data, and share this with partners and people accessing services as appropriate – in the process meeting (but not being limited to) regulatory requirements.
14. Trusts need to capture and analyse the impact of all interventions to assess risks and benefits as part of evidence-based practice.
15. Trusts need to increase awareness of whether variation is warranted or unwarranted.
16. Trusts need to develop and report robust ways for capturing interventions and outcomes for services that are heavily linked into partnership working (for example, psychiatric liaison offers a range of ways of working with acute hospitals over and above work in urgent and crisis care, older-adult services link into wider initiatives such as Ageing Well/frailty programmes, and crisis response services are typically multi-agency linked).
17. Reduce litigation costs by application of the GIRFT programme's five-point plan.