

TO: Gloucestershire Partnership Practice Standards Committee

FROM: Jennifer Berry, Mental Health Development Manager

DATE: August 16th 2006

SUBJECT: MENTAL HEALTH SERVICE USERS SURVEY

1.0 PURPOSE OF REPORT

To update the Practice Standards Committee on the action plan for the 2005 Mental Health Service Users Survey and to present the action plan to address the findings of the 2006 Survey

2.0 RECOMMENDATIONS

2.1 It is recommended that the Committee receives the Report, notes the content and approves the proposals.

3.0 LINKS TO TRUST OBJECTIVES

3.1 The Trust is committed to involving Service Users in all levels of its work, in order to improve practice and develop new initiatives and services. This is in line with the NSF for Mental Health and Section 11 of the Health and Social Care Act 2001 which emphasises the need for maximum User/Carer/Patient involvement in decision making processes.

4.0 FINANCIAL IMPLICATIONS

4.1 The main resource implication for the implementation of the 2006 action plan would be improving access to crisis care

5.0 RISK MANAGEMENT

5.1 None identified.

6.0 EQUALITY ISSUES

6.1 98% of the 2006 Respondents were white compared with 96% in 2005. Although the questionnaire was in English details of a language line translated into a number of languages were sent with the initial letter but this was not utilised by any of this Trust's Service Users. The Trust's Race Equality Action Plan is seeking to address the particular needs of Black and Minority Ethnic Service Users by consulting with User and Carer groups as well as with the wider community. For the first time this year the Survey has included Older Age Adults .

7.0 CONSULTATION

7.1 Consultation details are set out in the Report.

8.0 AUDIT/REVIEW

8.1 Progress reports will be presented to the Board at agreed intervals.

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**SUBJECT: HEALTHCARE COMMISSION MENTAL HEALTH
SERVICE USERS SURVEY**

1.0 PURPOSE

1.1 To update the Practice Standards Committee on the action plan addressing the findings of the 2005 User Survey and to present the action plan to address the findings of the 2006 Survey

2.0 BACKGROUND

2.1 The Mental Health Survey 2006 is part of the NHS Patient Survey Programme led by the Commission for Healthcare Audit and Inspection. The Commission exists to improve the quality of NHS and independent healthcare across England and Wales. The information from this Survey will provide performance indicators for the benefit of patients and the public.

Quality Health (an approved contractor) carried out the survey of Mental Health Service Users on behalf of the Gloucestershire Partnership NHS Trust between January and March 2006.

A questionnaire reflecting the priorities of Service Users was sent to a random sample of 850 people subject to the Care Programme Approach aged 16 and over who were on the Trust's CPA Register and seen between 1st September 2005 and 30th November 2005. The questionnaire contained questions which Service Users scored to identify where there are problems or room for improvement. The questions were grouped according to the following sections:

- Your care and treatment
- Health professionals
- Medications
- Talking therapies
- Your Care Plan
- Support in the community
- Crisis care
- Standards
- Overall

Two reminder letters were built into the process and the overall response rate was 35%.

3.0 COMPARISONS WITH OTHER TRUSTS

3.1 The Commission has not as yet published the national findings so at this stage it is possible only to benchmark our results against the 54 Trusts with whom Quality Health worked which represent 70% of the total number of Mental Health Trusts.

3.2 The Trust had mixed scores in comparison with other Trusts in relation to the following areas :

- Health professionals
- Crisis care

3.3 The Trust had generally less positive scores in comparison with other Trusts in relation to the following areas

- Medication
- Counselling and Talking Therapy

3.4 The Trust had generally the same scores in comparison with other Trusts in the following areas :

- Care co –coordinators , Care Plans and Reviews
- Support in the community
- Standards
- Family and Carers
- Overall care

It is interesting to note that 4% of respondents were aged between 16 and 24 , 14% aged between 45 and 54 compared with the Quality Health average of 21% and 32% were 65 or over compared with the Quality Health average of 22%. Twice as many questionnaires were sent to Working Age Adults as Older People which accurately reflects the overall figures of people subject to CPA within this Trust. The change to the target group from last year does make it more difficult to draw direct comparisons between last year's findings and this year's .

4.0 UPDATE ON WORK UNDERTAKEN TO ADDRESS THE FINDINGS OF THE 2005 SURVEY

4.1 Access to Out of Hours Services

In December 2003 the Department of Health announced its requirement that all Mental Health Trusts should have a Crisis Team in place by March 31st 2004.

A Crisis/Home Treatment Team became operational in Stroud in March 2004 with additional Teams now operating in the Cheltenham/Tewkesbury and Gloucester areas. In the Forest of Dean area there is no discrete team but

input is from the Community Mental Health Team .The out of hours contact line which was identified in last year's plan became a key requirement for the Service Redesign Group which is reconfiguring services within Working Age Adults .The current intention is that there will be one number per locality to contact services both in and out of hours. The out of hours number will be available from September 2006 when the new model is implemented.

CPA cards with useful contact numbers (including out of hours numbers as appropriate to the individual) were piloted at Milsom Street Day Centre, the Black Mental Health Team and a Community Mental Health in Stroud during 2005 . The usage and usefulness of the cards was evaluated by the Trust's Clinical Audit Department. 50 cards were piloted at each site. At the end of the pilot phase, Service users were asked to complete a questionnaire re the usefulness of the card and were provided with a pre – paid questionnaire in which to return the completed questionnaire.13 questionnaires were returned with 31% of respondents having used the card and 22% having lost it .Several workers fed back that many service users because of poor memory or chaotic lifestyles simply forgot about or mislaid the card. The Black Mental Health Team reported a reluctance to both use the card and to complete a questionnaire.

4.2 Talking Therapies

The 2005 Survey indicated that whilst 57.5% of the respondents wanted talking therapies only 42.9 % had received them.

Working Age Adults have been developing the availability of psychological therapies through the creation of managed clinical networks. Managers and Clinicians work together to develop networks of Services which are multidisciplinary in approach and offer more choice of psychological approach including Cognitive Behavioural Therapy and more insight orientated therapies.

Service Redesign is also addressing this by agreeing a countywide management framework for Psychological Therapies which will be in place by the end of September 2006 .

4.3 Medication

In 2005 58% of respondents who had been prescribed a new drug in the last 12 months did not feel they had been told enough about the possible side effects of the medication. Although we were in fact in the top 20% performing Trusts in relation to explanations about both the purposes and the possible side effects of medication there was strong Service User and Carer feeling within the Planning Group that this was an area they wished to address .

The Development Manager Recovering and Care Co-ordination and one of the Consultant Psychiatrists organised an interactive postgraduate medical session in March 2006 on information re medication, focusing on reference/internet sources & looking at ways to provide information for patients. A range of information sites was explored including the Norfolk and Waveney Mental Health Partnership Trust and the Royal College of Psychiatry . The session was well received and had positive feedback.

Good practice protocols have been developed for non Medical prescribing in Substance Misuse. Work is well underway to develop similar protocols for Older People, Learning disability and Adults of Working Age

Patient Group Directives have been developed for three medications in the Crisis Teams and further Patient Group Directives are being developed for Nicotine Replacement Therapy and Hepatitis B within Substance Misuse.

Following discussion at the Trust's Drugs and Therapeutics' Committee, it was agreed to amend the Policy On Prescribing And Medication to include statements about consent relating to medication. The Policy will stipulate that all prescribers must discuss the indications and possible side effects of the medication with the service user and state in any related letters that the service user has given valid informed consent.

Work is underway to develop a small sample card of three questions to ask your doctor when prescribed a medicine.

4.4 Care and Treatment

Over 85% of Service Users felt they had definitely had enough (or to some extent enough) explanation and involvement in treatment .

Staff have been validated for their work and this has been further emphasised by the dissemination of good practice guidance. This guidance is used within the Care Programme Approach training by the Development Manager Recovering and Care co-ordination

A comprehensive review of CPA processes will consider the training needs of inpatient and 24 hr staffed rehabilitation units Separate policy guidance is being developed for both training and caseload supervision which is aimed at ensuring that service users have information including a care plan relating to their care.

19.5 % of respondents reported not having a care plan and it was felt this might have been attributable to the number of service users whose care plan takes the form of an outpatient letter. The case note audit in Sept 2005 captured a sample of 130 patient records across GPT. There was only reference to copying of letters in 24% of the notes audited. A current review of CPA processes aims to ensure copying of letters forms part of good practice relating to CPA activities.

5.0 ACTION PLAN TO ADDRESS 2006 FINDINGS

5.1 The Group which met to devise an action plan to address the 2006 findings comprised the Development Manager Recovering and Care Co-ordination, a Consultant Psychiatrist representing medical staffing , two Team Leaders for the Crisis Resolution /Home Treatment Teams, Programme Manager for Older Age Adults , three Service Users, a Carer and the Mental Health Development Manager. The draft action plan will be presented to the respective Programme Boards before consultation with Speakout Gloucestershire and any appropriate Older Age Groups..

Quality Health presented the findings to the Practice Standards Committee in June and the Service Users and Carers who had been part of the Steering Group attended.

5.2 Crisis Care

This is an area in which the Trust has consistently received unsatisfactory results over 4 surveys .Only 24% of the Working Age respondents and 29% of Older Age respondents reported having a number of someone from their mental health services that they could phone out of hours compared with the overall Quality Health average of 44 %. Although a 24 hour contact number features in the service redesign plans for Working Age Adults with an operational date of September 2006 this will not address the issue within other programmes of work . The Service Director for Older Age Adults has agreed to address this by assessing the need and exploring the opportunities for extending access to Out of Hours Services to both Older Age Adults and Learning Disabled Service Users .

5.3 Medication

66% of Working Age respondents and 57 % of Older Age respondents who had been prescribed a new drug in the last 12 months did not feel they had been given as much information as they would have liked about the possible side effects compared with an overall Quality Health average of 60% and the Trust's own 58% in 2005. Dr Rob MacPherson the representative of Medical Staffing on the Group will be presenting the findings to the Medical Staff Committee to invite them to devise an action plan to address the issues raised.

Dr MacPherson agreed to discuss with the Committee the possibility of carrying out an audit of the information routinely given to patients at the time of prescribing. It was noted that there is already a database of service user and carers who have expressed an interest in research and have received some training through the Research and Development Unit who might wish to be involved if an audit was pursued.

Tim Coupland the Development Manager Recovering and Care Co ordination has been working on card and posters encouraging service users to ask their doctor three questions, "Why do I need this medication ?" "What will happen if I take it?" and " What will happen if I stop taking it ? ". The cards /posters will be taken to the Practice Standards Committee for ratification before being widely disseminated .

Tim is also involved in a review of the Policy for Prescribing and Administration of Medicines including Section 22 "Consent to Treatment ". It is being proposed that every letter re medication should include a standard statement agreed by the Drugs and Therapeutics Committee " I have discussed the indications and possible side effects of medication with the patient who has given valid and informed consent. " The introduction of this measure should ensure that an explanation of potential side effects is routinely given to Service Users.

5.4 Care and Treatment

85 % of Working Age respondents and 83 % of Older Age respondents felt they had definitely had enough or to some extent enough say in decisions about their care and treatment compared with the Quality Health average of 85% and the Trust's own 88% in 2005. 22% of Working Age respondents and 24% of Older Age respondents reported not knowing who their care co ordinator is and 35 % of Working Age respondents and 49% of Older Age respondents reported not being given or offered a written copy of their care plan.

The Trust's Care Programme Approach is currently being reviewed with a new revised Policy scheduled for implementation in September. A Care Plan Review sheet is being introduced which will require the Care co ordinator to identify the mental health concern, to indicate the need for counselling and to consider the need for information about employment , benefits and support groups . This will also address the fact that 33% of Working Age respondents and 34% of Older Age respondents would have liked information about local support groups .

The form will also address some of the medication issues highlighted by the Survey as the Care co ordinator will be required to indicate whether medication has been discussed with the service user and by whom . The form will also include the telephone number the service user should use out of hours . The form will indicate whether the service user has received a copy of their care plan. Care co ordinators will also be encouraged to send a copy of the care plan with the invitation to the care plan review where appropriate.

The introduction of these new procedural guidelines with clearly defined roles for both care co ordinators and administrative staff will be supported by training for each team.

6 DISSEMINATION OF RESULTS

6.1 Results need to be shared widely with Trust employees, Services Users and Carers and Partner Agencies.

The following means have been suggested:

- Results to Trust Board
- Results to Overview and Scrutiny Committee
- Posting the results on the Partnership Trust Website
- GPT News
- Press release
- Writing to Service User and Carer Groups and Partner Agencies
- Cascading information through Team briefings

8 RECOMMENDATIONS

8.1 That the Board receives the Report notes its content and agrees the action plan.