

Board of Directors, 20 January 2016

Waiting Times for Patients with a Mental Health diagnosis in ED

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Objective

- NHS England describes parity of esteem as “valuing mental health equally with physical health”
- STH is committed to ensuring there is parity of esteem across all of its services
- Data from early 2015 suggested that patients with a mental health diagnosis waited longer in ED than those without
- STH is therefore committed to reducing waiting times for all patients and, in particular, to work with partners to reduce waiting times for patients with a mental health diagnosis

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Background

- From April to August 2015 there were approximately 60,000 attendances across the ED at the Northern General Hospital and the MIU at the Royal Hallamshire Hospital
- Of these, 926 patients (c1%) had a mental health diagnosis recorded, in either a primary or subsequent position.



Patients with a Mental Health Crisis

- Approximately two thirds of patients with a mental health diagnosis require crisis intervention in ED from the Mental Health Liaison team (MHLT)
- From May to August there were approximately 130 referrals to the MHLT, almost double the number in the same period last year



Mental Health Liaison Team

- The MHLT is provided by Sheffield Health and Social Care NHS Trust (SH&SC) commissioned by NHS Sheffield
- The MHLT supports ED 8am until midnight, 7 days per week
- From midnight to 8am the Out of Hours Mental Health Service supports all patients in crisis in the community, including those in ED

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Investment in the MHLT

- STH and SH&SC colleagues have been working throughout 2015 to improve waiting times for patient with a mental health diagnosis
- As a result, there has been fixed-term investment in the MHLT which has increased capacity across the 24/7 period
- This investment came from the Prime Minister's Challenge Fund and is time-limited until March 2016

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Actions to reduce waiting times

- A Steering Group has been established across SH&SC, Sheffield CCG and STH
- Care pathways are being developed for the most common mental health presentations (self-harm, overdose) with clear standards for clinicians
- Pathways of care are also being revised such that patients' physical and mental healthcare can be managed in parallel in ED, reducing their overall time in the department

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Actions to reduce waiting times

- An agreed escalation process for ED staff has been implemented
- All long waits are reviewed retrospectively between STH and SH&SC with learning points identified for improvement
- A post-Lorenzo dataset is being agreed which will allow STH and SH&SC monitor and performance manage waiting times

