Quality management in psychiatry in the UK

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SHOTTINGHAM
NOT YET SHOT IN NOTTINGHAM
Content

- The UK
- The NHS
- Evidence based medicine
- Quality management in the NHS
- Patient participation in the NHS
- Discussion
The United Kingdom
Typical English
I wouldn’t be here today if it were not for the NHS, I have received a large amount of high-quality treatment without which I would not have survived. (Stephen Hawkins)

The NHS is the closest thing the English people have to a religion. (Nigel Lawson)
National Health Service

- Founded in 1948
- Aim: Free healthcare for all
- Fully funded by taxes (10% of GDP), no health insurance
- Employs 1.6 million people
- Lower funding and resources compared to similar countries
  - 2.6 beds / 1000 people (Germany 8.1)
  - 2.8 doctors / 1000 people (Germany 4.1)
- Overall outcomes mixed (higher then average cancer survival rates, but higher life expectancies than Germany)
- NHS Constitution
  - “The NHS belongs to the people.”
  - “It is there to improve our health and wellbeing…”
Seven key principles

- Comprehensive service
- Access based on clinical need, not ability to pay
- Highest standard of excellence and professionalism
- The patient is at the heart of everything
- The NHS works across organisational boundaries
- Committed to providing best value for taxpayers’ money
- Accountable to the public, communities and patients that it serves
Values

• Working together for patients
• Respect and dignity
• Commitment to quality of care
• Compassion
• Improving lives
• Everyone counts
Specifics about the NHS

- Centralised
  - Inflexible
  - But: Fast introduction of new evidence (e.g. vaccinations)
- Fully evidence-based (not eminence-based)
- Importance of General Practitioner
  - Gateway to specialists (which are rare)
- Chronic underfunding and waiting times
- Team work
- Importance of “other” professions (e.g. specialist nurses)
- Strong research commitment (part of training and ongoing practice)
- Very strict reappraisal system, including ongoing education but also 360 degree appraisal (by staff and patients)
- Fully electronic – easy availability of notes
Evidence based medicine

- Methods of treatment are based on scientific evidence
- “Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values” (Sackett, 1996)
- “A 21st century clinician who cannot critically read a study is as unprepared as one who cannot take a blood pressure or examine the cardiovascular system.” (BMJ 2008 [337]: 704-705)
Cochrane reviews

Cochrane is a charity formed to organise medical research findings so as to facilitate evidence-based choices about health interventions. 53 review groups with 30,000 volunteer experts from around the world conduct high-quality systematic reviews.
## Conditions and diseases vs. Mental health and behavioural conditions

<table>
<thead>
<tr>
<th>Conditions and diseases</th>
<th>Mental health and behavioural conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood and immune system conditions</td>
<td>Addiction</td>
</tr>
<tr>
<td>Cancer</td>
<td>Alcohol-use disorders</td>
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<tr>
<td>Cardiovascular conditions</td>
<td>Anxiety</td>
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<tr>
<td>Chronic fatigue syndrome</td>
<td>Attention deficit disorder</td>
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<tr>
<td>Diabetes and other endocrinal, nutritional and metabolic conditions</td>
<td>Autism</td>
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<tr>
<td>Digestive tract conditions</td>
<td>Bipolar disorder</td>
</tr>
<tr>
<td>Ear, nose and throat conditions</td>
<td>Delirium</td>
</tr>
<tr>
<td>Eye conditions</td>
<td>Dementia</td>
</tr>
<tr>
<td>Fertility, pregnancy and childbirth</td>
<td>Depression</td>
</tr>
<tr>
<td>Genetic conditions</td>
<td>Drug misuse</td>
</tr>
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<td></td>
<td>Eating disorders</td>
</tr>
<tr>
<td></td>
<td>Mental health and behavioural conditions: general and other</td>
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</table>
Quality management and control

- Care Quality Commission (CQC)
- Commissioning for Quality and Innovation (CQUIN)
- Quality Network for Forensic Mental Health Services
Care Quality Commission

- Independent regulator of health and social care services
  - Register
  - Monitor, inspect and rate
- Set standards
- Inspections
  - Comprehensive
  - Focused (possibly unannounced)
- Patients can raise concerns directly
- Comprehensive inspections
  - Gather information (statistics, policies)
  - Speak to staff and patients
  - Observe care
  - Review notes
  - Includes “Experts by Experience”
Care Quality Commission, ctd.

- Reports: Publicly available
- Ratings
  - Outstanding
  - Good
  - Requires improvement
  - Inadequate
- Ratings must be displayed by provider
- Consequences of inspections
  - Action plan
  - Further visits
  - Warning notices, special measures, fines, prosecution, closure of service
- Summary of reports: key themes
Standards

• Person centred care
  - Tailored to individual need
• Dignity and respect
  - Privacy
  - Equal treatment
• Consent
• Safety
  - Competent staff
  - Suicide risk
• Safeguarding from abuse
  - Restrictive practise
• Food and drink
• Premises and equipment

• Complaints
• Good governance
  - Effective systems too check quality and safety
  - to individual need
• Staffing
  - Enough competent staff
• Fit and proper staff
  - Recruitment procedures
  - Background checks
• Duty of candour
  - Open and transparent when things go wrong
Provider: Nottinghamshire Healthcare NHS Foundation Trust
Requires improvement

See our reports in alternative formats:

- Community mental health services with learning disabilities or autism, published 24 May 2019: Easy read report.
- Rampton Hospital, published 8 June 2018: British Sign Language video.
- Rampton Hospital, published 15 June 2017: British Sign Language video.

We are carrying out checks on locations registered by this provider. We will publish the reports when our checks are complete.

Overview and CQC inspection ratings

| Safe           | Requires improvement
|----------------|----------------------
| Effective      | Good
| Caring         | Good
| Responsive     | Requires improvement
| Well-led       | Requires improvement

CQC inspections & ratings of specific services

- Community mental health services with learning disabilities or autism
  - Good
- Acute wards

Overall Requires improvement

Read overall summary
Comprehensiveness of inspection

Our inspection team

The team that inspected this core service consisted of; two CQC inspection managers; four Mental Health Act Reviewers; 12 CQC inspectors; one CQC assistant inspector; the CQC National Professional Advisor for forensic mental health services; 19 specialist advisors occupational therapists, psychologists and advisors with specific knowledge around safeguarding and information governance; two CQC analysts; and three experts by experience (an expert by experience is someone who has personal knowledge of using or supporting someone

How we carried out this inspection

We inspect and regulate healthcare service providers in England. To get to the heart of patients’ experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people’s needs and well led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against registered service providers and registered managers who fail to comply with legal requirements, and help them to improve their services.

The inspection was announced to ensure that everyone we needed to speak to was available.

Before the inspection visit, we reviewed information we held about the service and requested information from the trust.

• Spoke with 126 individual staff members, including ward managers, deputy matrons and matrons, members of the security team and senior leadership team, nurses, nursing assistants, psychologists, psychiatrists, social workers and occupational therapists.
• Held 12 focus groups for all groups of staff.
• Spoke with 75 patients.
• Looked at 79 care and treatment records of patients.
• Reviewed medication management, including 106 medication administration charts for patients’
• Attended and observed five multidisciplinary meetings and eight community meetings. We also observed a football discussion group, advocacy session on Grampian ward and saw the hospital band.
Example of inpatient psychiatric care

Our rating of this service went down. We rated it as **inadequate** because:

- There were issues with bed management and availability of beds.
- Supervision did not always take place and neither did team meetings, therefore there was inconsistent evidence of learning from complaints and incidents.
- Staff did not always monitor patients’ physical health adequately.
- Staff did not always carry out checks to see if emergency resuscitation equipment worked properly.
- We reviewed 36 care records. Five of these contained no record of a risk assessment and, in a further seven, the risk assessments were not fully developed or did not contain all the risk information required.
- Wards had restrictions in place. All patients had restricted access to outside space and there were various restrictions in relation to the use of crockery and cutlery that were not always individually risk assessed.
- There were not always sufficient staff numbers on the wards. There were 23% of shifts where staff fill rates fell below 90% between July and September 2018.
- There were some omissions in medication management… staff did not always record the date that they opened patients' medication ...
- Care plans were personalised but did not always demonstrate a holistic approach. In 15 of the 33 care plans we saw this was not the case.
- Patients had limited access to psychological therapies and activities.
- Staff did not always ensure the privacy of patients… We observed a male member of staff carrying out observations without telling female patients he was looking through the blinds. Also, on one ward we could clearly see patient information displayed on the patient information board, staff had not covered this when it was not in use.
- Patient community meetings did not always take place as planned on a weekly basis. Staff did not always record what patients had discussed at meetings or actions from them.
- Staff were not familiar with the trust’s vision and values.
Commissioning for Quality and Innovation (CQUIN)

- Payment framework that allows payment for services to be linked to achievement of “quality improvement goals”
- 2.5% of total contract value
- Changing priorities over time
- Current priorities for psychiatric services
  - Staff flu vaccinations
  - Improved data quality and reporting
  - Alcohol and Tobacco Brief Advice
  - 72 hours follow up post discharge
  - Weight gain in inpatients
  - Specific assessments for anxiety disorders
  - Training needs for staff in adolescent services
  - Communication assessment of deaf patients
Example in more detail

Weight gain in psychiatric in-patients

• Background
  - Individuals with mental health issues die 10 – 20 years younger
  - About 80% obese
  - Physical activity also linked to better mental health outcomes

• Over 2 years
• Baseline assessment (food audit, activity audit) – development of change programme
• Introduction of Healthy Lifestyle groups
• Outcomes
  - Number of patients participating in groups
  - Simple Physical Activity Questionnaire (SPAQ)
  - BMI
  - Warwick Edinburgh Mental Wellbeing Score (WEMWS)
Quality Network for Forensic Mental Health Services

- Voluntary scheme for medium and low secure service
- “Multidisciplinary approach to quality improvement”, “key component … sharing of best practice by listening to and being led by frontline staff and patients”, “We serve to identify areas for improvement through a culture of openness and enquiry”, “supportive network and peer-review process”
Quality Network for Forensic Mental Health Services

- Review process
  - 2 stages
  - “Peers” review
  - Including “experts by experience and family members
- No direct impact
Quality Network Standards

12 areas

- Admission and Assessment
- Physical healthcare
- Treatment and recovery
- Patient experience
- Family, friends and visitors
- Ward environment
- Physical security
- Procedural security
- Relational security
- Safeguarding
- Governance
Example Physical security

- Physical security document
- 5.2 m high wall / fence
- Daily perimeter checks
- Furniture is fixed in all courtyards
- Windows that form part of the external perimeter open no more than 125 mm
- Managed system of access and egress
- Airlock system
- 24 hours staffed control room
- Validation of keyholders
- Secure pass keys
- Keys only given following security induction
- Management of prohibited and restricted items
- Designated security lead
Example Treatment

- Individual care plan
  - Developed collaboratively with patient
  - Regularly updated
  - Patient and carers are given copy
- Offered evidence based pharmacological and psychological interventions
- Specific targets for individual patients, regular reviews
- Physical health checks if on medication
- Clear outcomes identified for each patient
- Clear connection between treatments and outcome
- Therapeutic activities not necessarily limited to normal working hours
- Regular meetings to review progress
- Support to access local organisations
- Clear discharge planning
- Outcome measures used post-discharge
Patient participation

- In individual care
- Patient surveys
- Involvement in hospital / surgery
- Wider service planning
- Research
- Carers’ involvement
Patient participation – NHS pledges

• Patient is at the heart of everything…
• Patient rights: to be treated professionally, with respect, etc.
• Right to be given information
• Right to be involved in planning of care
• Right to be involved in the planning of healthcare services
• Right to make complaints and have them properly investigated
Implementation

• Ideas for implementation published
• www.England.nhs.uk/participation
  - Best practise examples
  - Working with volunteers
  - Online input
  - Accessing resources to improve patient involvement
  - Ideas for patients on how to get involved
  - Online courses for patients
Some specifics about involvement in own care

- “No decision about me, without me.” (shared decision making)
- Right for information
- Right to be involved in drawing up care plan
- Right to access their own records electronically
- Right to be informed about mistakes made
Appraisal of doctors

- Revalidation of doctors every 5 years
- Mandatory patient feedback

<table>
<thead>
<tr>
<th>4</th>
<th>How good was your doctor today at each of the following? (Please tick one box in each line)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
</tr>
<tr>
<td>a</td>
<td>Being polite</td>
</tr>
<tr>
<td>b</td>
<td>Making you feel at ease</td>
</tr>
<tr>
<td>c</td>
<td>Listening to you</td>
</tr>
<tr>
<td>d</td>
<td>Assessing your medical condition</td>
</tr>
<tr>
<td>e</td>
<td>Explaining your condition and treatment</td>
</tr>
<tr>
<td>f</td>
<td>Involving you in decisions about your treatment</td>
</tr>
<tr>
<td>g</td>
<td>Providing or arranging treatment for you</td>
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</table>
Patient surveys

- Duty for all providers to ask patients about their views of the service regularly
- Results have to be made public and can be compared between services
- Results might be taken into account during inspections
Community Mental Health

22 November 2018

We use surveys to find out about the experiences of people who receive care and treatment.

We received responses from 12,796 people who received community mental health services.

Responses were received from 284 people at Nottinghamshire Healthcare NHS Foundation Trust.

Patient survey

<table>
<thead>
<tr>
<th>Patient response</th>
<th>Compared with other trusts</th>
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<tbody>
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</tbody>
</table>

- Health and social care workers
  - Time
    for the person or people seen most recently giving enough time to discuss their needs and treatment
    - 7.3/10
    About the same
  - Understanding
    for the person or people seen most recently understanding how their mental health needs affect other areas of their life
    - 7.2/10
    About the same
    - 7.4/10
    About the same
Examples of local involvement

- All surgeries have to have a “patient involvement group”
- All hospitals have: patient council, patient speaker or similar
- “Buddy”-System
- Involvement in staff training
- Involvement in staff recruitment
  - 1 day training, including mock interviews
  - Interview panel
Local involvement, ctd.

- Example Nottinghamshire NHS Foundation Trust
- Website: Information and Feedback
- “Recovery College”
  - Courses for self management
  - All courses with significant input from people with “lived experience”
- Training as Peer Support Worker
- 50 Peer Support Workers in the organisation in different roles
Involvement in inspections

- Setting standards
- Being involved in the inspection
- Part of inspection involves talking with patients
- Standards specific to involvement of patients and carers
# Wider roles in planning

## The ‘Ladder of Engagement and Participation’

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The ‘Ladder of Engagement and Participation’ is a widely recognised model for understanding different forms and degrees of patient and public involvement, (based on the work of Sherry Arnstein?). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devolving</td>
<td>Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.</td>
</tr>
<tr>
<td>Collaborating</td>
<td>Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.</td>
</tr>
<tr>
<td>Involving</td>
<td>Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in policy groups.</td>
</tr>
<tr>
<td>Consulting</td>
<td>Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens’ panels and focus groups.</td>
</tr>
<tr>
<td>Informing</td>
<td>Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.</td>
</tr>
</tbody>
</table>
Involvement in research

- Patients, carers, general public
- Identification of research priorities
- Involvement in funding bids, preferably as partner
- Project management
- Comments on patient information material
- Recruitment
- Research interviews
- Analysis and interpretation of data
- Dissemination (talks, publications)
International Journal of Forensic Mental Health

How Best to Engage Users of Forensic Services in Research: Literature Review and Recommendations

Birgit Völlm, Sheena Foster, Peter Bates & Nick Huband

To cite this article: Birgit Völlm, Sheena Foster, Peter Bates & Nick Huband (2017) How Best to Engage Users of Forensic Services in Research: Literature Review and Recommendations, International Journal of Forensic Mental Health, 16:2, 183-195, DOI: 10.1080/14999013.2016.1255282

To link to this article: https://doi.org/10.1080/14999013.2016.1255282
Carers

• Information
• Right for social and medical support
• Carers groups
• Involvement in inspections
Brain of Britain

- Language learning facility (not visible to naked eye)
  - Royal Family recognition centre
  - Nostalgia segment
  - Mistrust of Europe ventricle
  - National pride gland (likely to become inflamed during World Cup)
- Bottled-up anger
- Tea
- Beer
- Custard (for Scotland, see 'porridge')
- Pastry
- Sea
- Traditional breakfast
  - Repository of useless facts for pub quiz nights
  - Isle of Wight
  - Love of countryside
  - Backbone!