



CLEAR Mental Health case study 2021

Midlands Partnership NHS Foundation Trust

Increasing capacity through changing current team roles and skill mix to reduce waiting times and improve retention

AT A GLANCE

CLEAR CHALLENGE

Long waiting times for patients for community mental health services in Staffordshire because of high case loads and cancellations of planned care.

KEY CHANGES

Two new roles created with patients streamed into planned or crisis care. The new responder role dedicated to urgent care enabling other staff to deliver consistent planned care.

FORECAST BENEFITS

More than 20% increase in workforce capacity within the existing team, offering staff the choice of how they deployed their skills and a reduction of 218 hours lost every week to unplanned care.

THE CHALLENGE

Adult Community Mental Health Services in South Staffordshire were managing high caseloads and struggling to provide a responsive service, resulting in patients facing longer waiting times than usual for treatment. The service - which provides assessment and treatment to patients with a wide range of mental health needs requiring secondary care - came under review as the trust was reorganising the service in line with the Community Mental Health Framework for Adults and Older Adults and the NHS Long Term Plan's vision for a place-based model of care.

WHAT THEY DID

Eleven clinical engagement sessions were held and an in-depth analysis of clinical and workforce data dashboards. Of the two main patient pathways, the community intervention pathway (CIP) received ten times more referrals each year between 2019-2021 compared to the psychosis pathway. It was decided to concentrate the CLEAR project on the CIP pathway. The key findings showed an increase in acuity and complexity of patients with clinicians spending more time on unplanned activities and responding to urgent situations. This was leading to planned care cancellations and patients spending longer with the service.

CLEAR RECOMMENDATIONS

The innovation phase centred on finding creative solutions to the challenges which were then refined and developed into new models of care.

Two recommendations focussed on changing the skill mix and developing two new roles - responder and intervention - within the existing team while streaming patients into planned or crisis care. These were designed to relieve pressure on the four neighbourhood teams that had recently been launched - and reduce the time lost responding to emergencies. The proposed new responder roles would be dedicated to delivering urgent, unplanned care, enabling clinical staff to deliver consistent planned care to patients. The intervention roles would provide planned structured and timely care to patients to improve outcomes, increasing continuity and enhancing patient experience.

The third recommendation proposed a review of data collection on the RIO electronic patient records system to ensure accurate and consistent data was gathered to improve monitoring and support future service developments.

FORECAST IMPACT

The new roles are projected to lead to a 22% increase workforce capacity across the four neighbourhood community teams, the equivalent of around seven WTEs, as well as give staff the choice of how they deploy their skills, improving job satisfaction and retention. This includes a forecast reduction in time lost to unplanned activities each week, of around 218 hours, with lower sickness rates and fewer vacancies.

Patient benefits include faster access to planned and unplanned mental health services with reduced waiting times, a decline in rescheduling of appointments and less likelihood of their needs being unsupported and escalating to a crisis.

Increased
productivity
within the
existing team
with two new
roles created,
leading to an
increase in
workforce
capacity of up
to 22%