



CLEAR Mental Health case study 2021

Norfolk and Suffolk NHS Foundation Trust

Supporting earlier discharge and increasing access to psychological therapies through new ways of working and freeing up clinical time

AT A GLANCE

CLEAR CHALLENGE

Long waits for psychological therapy with staff in the community mental health teams at Norfolk and Suffolk NHS Foundation Trust facing high caseloads.

KEY CHANGES

New models of care to speed up referrals and access to therapy, increase discharges and improve joined up working between primary and secondary care.

FORECAST BENEFITS

Patients receiving faster, better care, completing therapy and earlier successful discharges.

THE CHALLENGE

Patients were facing long waits for psychological intervention and there was a lack of joined up working between primary and secondary mental health services. The trusts community mental health teams (CMHTs) were receiving a higher-than-average level of referrals from GPs and staff were spending their time “fire-fighting” instead of being able to proactively manage their caseload. There were high levels of staff turnover, sickness, and burnout with vacancies hard to fill.

WHAT THEY DID

The project focused on three community mental health teams in Norwich and two in North Norfolk. The national CLEAR team carried out observations, reviewed policies and protocols and conducted 22 interviews with staff from all professional backgrounds and two focus groups.

The resulting qualitative information was combined and analysed with data from more than 111,000 patient contacts over a one-year period from April 2020.

CLEAR RECOMMENDATIONS

New models of care included the creation of a weekly discharge clinic, run by senior clinicians enabling a regular safe and robust process for discharging complex patients. The clinic would be run virtually with a maximum of eight patients involved in weekly, four-hour sessions.

Daily meetings of the frequent assertive community treatment (FACT) team, involving up to 20 members of staff, should be downsized to a smaller multi-disciplinary team meeting. A new 'psychology live' service should be introduced to deliver online consultations for care coordinators with their patients. It would be run by a psychologist, delivering 45-minute sessions, initially two days a week, progressing to each weekday.

To bridge the gap between primary, community mental health and secondary care services, there should be weekly virtual meetings between lead care professionals within the CMHTs and mental health practitioners in primary care networks.

FORECAST IMPACT

The discharge clinic would lead to an increase in complex patients discharged from the service and reduce the number of re-referrals after failed discharges. It would pay for itself if 10% of patients were discharged and did not re-enter the service. Additional successful discharges could lead to up to £567,000 savings, as well as offer greater service capacity for medium and low complexity patients.

The "psychology live" consultations would improve the quality of referrals to psychology and help shape patients' expectations. Faster access to psychology would cut waiting times with people directed earlier to the most appropriate therapy.

The downsizing of daily FACT meetings would free up to 50 hours a week of CMHT staff time, equating to 2,600 hours annually and £26,572 savings annually per site. Better joined up working with primary care would provide a safety net for complex service users discharged from CMHT and an interim care pathway for those awaiting assessment and potential referral for psychological therapy.



"I feel that taking part in CLEAR has raised my profile within the organisation, but also inspired new ideas for service delivery within my own area of work."

Clinical Psychologist,
Deirdre Williams