Early Intervention in Psychosis Preparedness in the North of England

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Department of Health

NHS England

Achieving Better Access to Mental Health Services by 2020

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Achieving Better Access Policy

- ‘Parity of Esteem’
- To guarantee people access to timely, evidence-based and effective treatment
- Clear and clinically informed waiting time standards
- To shorten the time that people go without treatment
- Improve outcomes.
- 3 phases.

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Better Access on EIP

These services help young people to recover from a first episode of psychosis and to gain a good quality of life. NICE found these services reduce the likelihood that individuals with psychosis will relapse or be detained under the Mental Health Act, potentially saving the NHS £44 million each year through reduced hospital admissions.

- *35% of people under their care are in employment, compared with 12% in traditional care;*
- *They reduce the likelihood of an individual receiving compulsory treatment from 44% to 23%*
- *They reduce a young person's suicide risk*

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New ‘Standard’

- *‘More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral’.*
- 32/100,000
- Clock start and clock stop defined
- Care package re-defined
- Outcomes framework and changes to MDS
- Accreditation scheme

NICE Concordant Care package re-defined

1. Adults and young adults with psychosis/ARMS are offered cognitive behavioural therapy for psychosis (CBTp).
2. Family members are offered family intervention.
3. Service users that have not responded adequately to treatment with at least 2 antipsychotic drugs are offered clozapine.
4. Service users who wish to find or return to work are offered supported employment programmes.
5. Service users have specific comprehensive physical health assessments.
6. Service users are offered combined healthy eating and physical activity programmes, and help to stop smoking.
7. Carers are offered carer-focused education and support programmes.

NHSE Development Support

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- National Expert Reference Group
- 4 x Regional ERGs
- North ERG (Alison Brabban and Jane Dunning)
- Guidance for AWT standard
- Service Commissioning Guidelines
- Workforce Calculator
- Technical Guidance
- Monitoring and reporting outcomes
- Accreditation

Regional preparedness programme.

- Sub-regional Clinical Leads:
  - NW (Paul French)
  - NE & Cumbria (Guy Dodgson)
  - Y&H (Moggie McGowan)

  Plus Iain MacMillan, medical lead for EIP
- Support for commissioners *and* providers
- Service re-design and development support
- Workforce development and training needs
- Data and Performance support
- ‘Deep Dive’ meetings

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Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16

1.3 Expectations of commissioners and providers

The joint planning guidance, *Forward view into action 2015/16,* makes clear the requirement that commissioners should agree robust implementation plans with providers as part of their 15/16 contract development work.

For EIP commissioners are required to agree service development and improvement plans (SDIPs) as part of their 15/16 contract with mental health providers, setting out how providers will prepare for and implement the new standards during 2015/16 and achieve them on an ongoing basis from 1 April 2016.

Early Intervention in Psychosis Investment 2015-16

- The Forward view into action 2015/16 advises of the investment of £40 million for EIP to support the introduction of this standard, made available in 2015/16 through the tariff inflator.
- The additional funding for EIP in 2015/16 comes from efficiencies in the existing budget. Where providers accept the ETO, commissioners must take account of the additional funding required for EIP in their local tariff negotiations on mental health.
- The deflator set in the tariff – for 2015/16 under the ETO is 1.6 per cent

National Collaborating Centre for Mental Health

Draft version for ERG feedback

Improving Access and Waiting Time Standards

Early intervention in psychosis services

Commissioning Guide

An implementation guide based on NICE-concordant treatment

07 August 2015

Draft for Consultation

Commissioned by the NHS England

Improving Access and Waiting Time Standards

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Early intervention in psychosis services

This guide sets out standards and requirements for providing EIP services. It describes the referral process that is required to ensure swift access to an appropriate service, the staffing and skill-mix and the commissioning arrangements needed. This guide will enable commissioners to ensure that the services they commission work towards achieving the Access and Waiting Time Standard for Early Intervention in Psychosis and improve access to treatment concordant with NICE guidelines.

Ten steps to develop a service that meets the new access and waiting time standard

- Step 1: Understand local demand
- Step 2: Develop an outline service model
- Step 3: Obtain baseline current service provision and identify gaps
- Step 4: Baseline current referral to treatment performance
- Step 5: Agree service redesign, recruitment and training plans

Ten steps to develop a service that meets the new access and waiting time standard

- Step 6: Design local referral pathways, protocols and guidance
- Step 7: Make changes to electronic records and information systems to enable monitoring of performance
- Step 8: Agree data quality improvement and performance monitoring plans
- Step 9: Agree benefits realisation plan
- Step 10:Review and re-design

Readiness *'Deep Dive'* Meetings

- September and October 2015
- 17 meetings
- Commissioners, clinicians and managers
- Facilitated by regional Clinical Lead for EIP.
- To promote a wider and deeper understanding of the new standard and requirements
- To jointly consider the steps required to deliver the new EIP Access and Waiting time target.
- Based on a self-assessment methodology

Findings

- Enthusiasm and energy
- Local leaders had been identified
- Senior management ownership within both commissioning and provider organisations
- Performance leads working with clinicians to address the new performance reporting requirements.
- Clinical leadership is seen as a crucial element of success.

Common positive elements

- Strong leadership and governance
- The ability to capture and extract data
- Performance management
- Baseline data and understanding of current local demand
- Sustained EI provision in many areas providing a robust foundation for the new standard
- Established relationships and processes between commissioners and providers for managing new developments, performance and progress

Areas where further action and support is required

- Access policies and pathway development
- Understanding total demand in relation to the new standard (3-way stretch)
- Workforce readiness and development plans
- Data capture and information quality including electronic patient tracking lists
- Outcome measurement

Training needs identified

- Behavioural Family Therapy (BFT)
- Comprehensive Assessment of At Risk Mental State (CAARMS)
- Cognitive Behavioural Therapy for Psychosis (CBTp)
- Training for Employment Support Workers
- Individual Placement & Support (IPS) training

Areas of concern

- Understanding the exact additional investment into EIP services
- Workforce development challenges and training times in relation to the 01-04-16 deadline
- Differences between predicted incidence (Fingertips) and experienced local demand
- Problems completing the workforce calculator

A	B
COMPONENTS OF CALCULATION	**WORKED EXAMPLE**
PSYCHOSIS INCIDENCE/100 000 OF 16-65s/YR	28
ENTER EXTRA ASSESSMENT REFERRALS ABOVE EXPECTED INCIDENCE	0
ENTER COMPLEXITY MULTIPLIER (FOR PSYCHOSIS RATES ABOVE OR BELOW EXPECTED INCIDENCE)	1
ADJUSTED INCIDENCE OF PSYCHOSIS/100 000 OF 16-65s/YR	28
NUMBER OF ADDITIONAL ASSESSMENTS (WHICH DO NOT TRANSITION TO PSYCHOSIS)/100 000 OF 16-65s /YR (ESTIMATE - EQUAL NUMBERS TO INCIDENCE)	28
WEEKS WORKED/YEAR (ESTIMATE 42)	42
LOST TO FOLLOW-UP OVER 3 YEARS (ESTIMATE 10% PER YEAR)	0.8
CARE COORDINATORS (ADULT & CAMHS)	
CASELOAD (ESTIMATE - 15)	15
ASSESSMENT PERIOD (ESTIMATE 4 MONTHS)	0.333
TOTAL WTE/100.000	4.88
MEDICAL TIME (ADULT & CAMHS)	
PROPORTION REQUIRING INITIAL ASSESSMENT (100% - 1.5 HOUR)	1.5
NUMBER OF REVIEWS ANNUALLY (ESTIMATE 6)	6
CLINICAL (FACE-TO-FACE) TIME WEEKLY (ESTIMATE 15 HOURS)	15
TIME FOR EACH REVIEW (0.5 HOURS)	0.5

Areas of concern

- Delayed publication of detailed commissioning guidance and technical specifications
- Uncertainty about the new Mental Health Minimum Data Set (MHMDS)
- System requirements to accurately and reliably record clock starts and stops.
- Identifying appropriate patients wherever they enter the service was also noted as a challenge – CAMHS and acute pathways were highlighted.

Next Steps

- Guidelines to be published 11-11-15
- Audits, baselines, incidence and funding
- Workforce calculations
- Monitor technical guidance and support for new MDS
- Design and development support
- Return to deep dives
- Network development
- Training plans and working with HEE
- Prep for accreditation

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