



Mental Health Services Focus Group

NHS Long-Term Plan

Engagement Report 2019



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Acknowledgments:

Many thanks to The Solace Centre and their service users for helping Healthwatch Ealing host and plan this focus group.

Event details

Date: Wednesday 22nd May 2019

Location: The Solace Centre, W13 9YT

No. of people who attendance, not including Healthwatch or Solace staff: 24

Introduction

As part of the NHS Long Term plan engagement, each Healthwatch was asked to conduct 2 focus groups alongside completing the Long-Term Plan Survey. The purpose of this work was to find out what local people think of their NHS services, in order to feedback to services and inform how the national NHS Long Term Plan is delivered locally. Healthwatch Ealing decided to conduct one of the focus groups on mental health services in Ealing, which was held at the Solace Centre. Additionally, we collected experiences through one-on-one interviews at CAPE, another mental health service in the borough. This report outlines the feedback given to Healthwatch Ealing by local mental health service users about what works, what does not work, what can be improved, what matters most, and how people want to be engaged. This engagement work resulted in feedback about specific services in the borough and overarching themes, such as 'communication'.

What is the NHS Long Term Plan?

With growing pressure on the NHS - people living longer, more people living with long-term conditions, lifestyle choices affecting people's health - changes are needed to make sure everybody gets the support they need.

The Government is investing an extra £20 billion a year in the NHS. The NHS has produced a 'Long Term Plan' setting out the things it wants health services to do better for people across the country.

This includes making it easier to access support closer to home and via technology, doing more to help people stay well, and providing better support for people with long-term health conditions. There is also a strong focus on children and young people, improving care outside of the hospital, and a commitment to developing 'fully integrated community-based health care'. The clinical priorities outlined in the plan include cancer, cardiovascular disease, maternity, neonatal health, mental health, stroke, diabetes and respiratory care.

Read more about the plan here: <https://www.longtermplan.nhs.uk/>

Summary of themes:

We found that local people consider staff attitude, efficient communication, continuity of care, environment, community services and co-production to be important in current and future services.

- 1) **Staff attitude:** Service users wanted supportive and caring staff in all service areas, from nurses through to management - for people to fight for them, care about them and treat them with respect and humanity. They wanted staff to provide useful, relevant information and help when requested. It was noted that staff, such as GPs, were not knowledgeable enough about mental health and that this needed to change.
- 2) **Communication:** People wanted different services to communicate with each other openly and to share information. They wanted the administration processes to be easier to navigate and for referrals to be followed through in a timely manner. People were particularly concerned with the lack of communication between physical health services, such as GPs and other hospital wards, and psychiatrists - noting that the lack of information-sharing, especially regarding medication, is potentially dangerous.
- 3) **Continuity of care:** Service users wanted to see the same care coordinator, psychiatrist and GP over a long period of time, so that they could build relationships and trust. They wanted an up-to-date care plan. People also discussed how post-acute care was inconsistent.
- 4) **Co-production:** Most people wanted to be involved in the production of their care, from a strategic decision-making level, to being on the boards of services. They wanted to work with a psychiatrist to co-produce their care plans. Overall, they wanted to make sure they had an influence in how their care was being managed.
- 5) **Community services:** The existence of community services that people could drop-in to and create networks was very important to service users. They noted that it helped them from being isolated and worked as a way to help prevent crisis. Community-based psychotherapy services were useful for some whilst waiting for NHS services.



What did people tell Healthwatch?

Here we take a more detailed look at the feedback emerging from discussions.

Section one: Feedback on service providers

When talking to mental health service users they gave feedback on specific services and providers. They discussed what they thought were the problems with those services and what was working well. These issues have been highlighted in this section.

GPs

One of the main issues service users (SUs) pointed out about GPs was a lack of support and compassion by most. Under this umbrella, they highlighted that GPs and their staff either did not know how to deliver adequate mental health support or ceased to provide it at all. SUs agreed unless they presented as suicidal, they would not be helped by their GP. They felt as if most interactions with the GP were uncomfortable, one person described how student doctors would be in appointments which meant that they did not want to open up and their request for them to be removed from the appointment was ignored. Another recurring theme was about appointments between services. Once they had been diagnosed by the GP, or referred to another service, SUs said they had to wait for 6-9 months for appointments to Avenue House (Recovery East) or other services. In this waiting period, many SUs were not signposted to help they could access in the meantime. They also said appointments were cancelled quite often.

Quotes:

- *“You have to persuade the GP or doctor about that you are ill. You have to lie, otherwise you are not taken seriously... I forced myself to go to the GP to get help, they asked if I was suicidal. I had not felt suicidal that week, so I didn't get any help. Another time I had to lie and say I was suicidal and a danger to other people. If I didn't add any color to my story nothing would happen.”*
- *“Services always ask if you are thinking about ending your life. It's the first thing they ask. If you say yes, they take you seriously, If you say no you get nothing.”*
- *“The GP won't touch my mental health, so I have to wait 6 months for an appointment at Avenue House.”*
- *“GPs leading care...they don't know anything about mental health.”*

What would local people like?

- GPs to be trained properly to provide mental health advice
- An option to opt-out of having student doctors or someone they were not familiar with in the consultation room
- GPs to have the right information to signpost, and to signpost actively to other community services whilst waiting for specialist appointments
- Timely appointments

Hospitals

Ealing hospital

The response to Ealing hospital was predominantly about what does not work. The general consensus was that people felt dehumanized, that the environment was not pleasant and that they felt uncomfortable in that space, making it unsuitable for recovery. The discomfort around student doctors being in consultation rooms was repeated for the hospital setting as well. SUs cited that the lack of windows in the wards made it particularly unpleasant.

A&E:

Furthermore, the wait times for Psychiatric Liaison services were said to be quite long, one SU stated that they waited for 4 hours, although another only waited for 20 minutes, so it seems that wait times are inconsistent.

One of the positives that came out was that a service user said that they benefited from the fact that their partner was transported to the hospital with them and that they were not separated.

Quotes:

- *"You cannot be human on the trust premises [re Ealing hospital and St Bernards]"*
- *"I never want to be put in Ealing Hospital"*
- *"...there are no windows, it looks like a prison, is unhealthy"*

What would local people like?

- An option to opt-out of having student doctors or someone they were not familiar with in the consultation room
- Compassionate and supportive nursing staff who take time to get to know them and treat them with dignity
- An improved, refurbished environment that is more conducive to recovery
- Consistent and improved waiting times for Psychiatric Liaison

St Bernard's

Most of the discussion was around the acute wards, that they have decreased in number and people had issues with how the wards were gendered. Some wards are mixed, and some are same-sex, with personal problems arising about being in either for different reasons. It was mentioned that ground leave could also be denied for various reasons but felt that it would be helpful to aid recovery.

Quotes:

- *"...do not allow you to take ground leave"*
- *"...I felt unsafe in a mixed ward and needed more support from staff as a result, but did not get it"*
- *"...I don't like being in a same-sex ward, the women fight a lot"*

What would local people like?

- Compassionate and supportive nursing staff who take time to get to know them
- To be able to choose which ward they are admitted into as a part of their care-plan
- To be able to take ground leave if requested

The Recovery Team

The recovery team in Ealing borough is split across two different services, Avenue House in the east (Acton) and Limes in the west (Southall).

General

People said that some staff are good, but you don't get to see them often and that they are overstretched.

Avenue House

People consistently said that they lacked confidence in the service, they did not feel that they were being listened to, helped, or given adequate time. They also discussed the difficulty in getting a Community Psychiatric Nurse (CPN) or social worker due to cuts.

Quotes:

- *"When you go to your Avenue House appointment, I go to talk to them about issues and they just talk about how difficult the services are. Its for me to talk, not them to make excuses"*
- *"I got referred to Avenue House. The doctor told me I don't need help"*
- *"There are not enough CPNs there. CPNs have been cut and the workload has gone up. They have no time. They have just paperwork and deadlines. Even getting allocated a social worker is difficult."*
- *"Staff are always rushing...It makes you feel like an inconvenience."*

What would local people like?

- A CPN and social worker, ideally someone they can see consistently
- Caring staff who give people time and listen

The Limes

One of the main issues was the attitude and culture of the service. People felt as if they did not feel welcome there and they were constantly being told that funding had been cut. Another problem was that the phone lines were always busy, it felt almost impossible to get through. One participant called the Limes as we spoke and only got through to the answering machine.

Quotes:

- *"It feels like they're telling you to eff off"*
- *"I've been trying to contact them for a week and haven't gotten through"*

What would local people like?

- Compassionate and caring staff who make them feel welcome
- A change of culture and attitude
- For phone lines to be answered and properly manned

SPA (Single Point of Access)

Most people discussed the problem of using the SPA service [provided by WLNHST] during a time of crisis. In general, the service was said to be inconsistent, unsupportive and that the advice given was unhelpful. Some people had experiences of being unable to reach the service, and others said that the service provided was very dependent on who was answering the call.

Service users felt that SPAs had the potential of making a difference at the time of crisis if it was working consistently, and some had experienced helpful advice in signposting from the SPA.

Quotes:

- *“The SPA played a role in getting me the help I needed. The first call was not good. The second call was very helpful.”*
 - *“I called them on Friday evening. I was relapsing for the first time. They told me to watch some telly. I couldn’t take it anymore. I called them back on Saturday morning and they guy really listened and said that I needed admission and should go to hospital.”*
 - *“I called recently. I was suicidal, crying, rolling on the floor, couldn’t breathe. They told me to listen to some music.”*
 - *“I call the Samaritans instead because you get the feeling that they actually want to talk to you”*
 - *“They left me in a worse state when I got off the phone. They told me the clinician would call back in 20 minutes. 12 hours later they finally called back.”*
 - *“I had a 10 minute call. I felt rushed. She left me crying on the phone.”*
- **Solution proposed by SUs:** They suggested that the staff employed by phone services should be people who have had similar mental health illnesses to them because people who have not gone through it themselves do not understand their situation. This suggestion was a two-fold solution 1) to help recruit more understanding and helpful staff 2) Most mental health SUs do not have employment and this could be a way to help them regain confidence and self-respect, and therefore improve their mental health
 - **What else could be done?** It could be useful for SUs to work with the SPA service providers to help train their staff with what should be done in a time of crisis/ what they would like to happen in different situations.

CAPE - Community Activities Project Ealing

CAPE is a community mental health service that functions as a recovery-point cafe, holds classes and provides outreach, advocacy, support, and psychotherapy services for those referred to it.

There was a discussion about how the environment at CAPE has changed, that they have taken out sofas that used to be there, and that the chairs are uncomfortable, this has resulted in SUs not feeling as if they can spend time there. The changes also took place without their consultation, this, and the fact that there isn’t client representation on CAPE’s board, has made people feel uninvolved and alienated.

Different people spoke about experiences of staff being helpful and supporting them generally and at hospital appointments and liaising with other services on their behalf.

Quotes:

- *“Staff gave me extra support when I was going through a breakup and encouraged me to do creative exercises”*
- *“A staff member came to the hospital with me and stayed till the morning”*
- *“It needs more comfortable chairs. It doesn’t make people want to stay”*
- *“Taking drugs can make you tired, we need somewhere to be comfortable when we get there”*
- *“Only open 3 days a week. We need more”*

What would local people like?

- To have representation on the board so they can have input in decision-making
- For the space to be more comfortable
- For the service to be provided for more days

Marron house

This is a local supported housing service for people with MH issues. People thought that Marron house was supportive, and that staff were good. They were happy that it was manned 24hrs so they could talk to someone whenever they needed. The service also arranged summer outings that service users enjoyed.

Amadeus Recovery House

This is a community short-stay house for people experiencing MH crisis.

SUs said that the service had poor administrative communication - one person’s referral to a home treatment team never got through. SUs mentioned that people are “left to relapse because you have to wait so long for an appointment”. Additionally, people felt that they were not taken seriously unless they told staff that there was a possibility that they might end their life.

The Solace Centre

This centre is an out of hours MH community social inclusion service that provide outreach, advocacy and support.

The service users considered Solace as an example of good practice. Overall, people were happy that it was open for long hours (4pm-8pm and weekends), including Christmas, so that they could use the space to build a sense of community and could drop in whenever they felt like. A lot of people used the service regularly therefore they all know each other, and the service helps them to avoid isolation.

Service users mentioned the groups that were run by the service i.e. baking, wellbeing, men and women’s groups to mention a few. They also thought that the staff were good, empathetic and very supportive of them.

Quotes:

- *“It opens at 4pm. I look forward to it every day.”*
- *“There should be more centers like this.”*
- *“People can just come in and be.”*
- *“There should be more Solace Centres. There is just one for the whole borough. You wouldn’t find people in the street if there were more places like this.”*

What would local people like?

- SUs said that they would like more community drop-in services in the style of Solace to exist. They want a place where they can build a community and feel supported

Section two: Overarching themes

Transport and travel

Accessible transport plays a vital role for patients' ability to use the services. If patients and their family or friends do not drive then it can be difficult to access some services, especially those that are in different boroughs e.g. West Middlesex hospital. This can hinder patient recovery and visitor access. Inaccessibility also came in the form of financial burden on patients and their support network, thus limiting access. Service users said that the Freedom Pass was a lifeline for them.

Quotes:

- *"My partner doesn't drive, and it took him 3 buses to come and see me at West Middlesex hospital every day. The travel took a lot out of him (more so as he has back problems)."*
- *"The distance of treatment to where your family/support network is makes all the difference to your recovery and their ability to support you."*

What would local people like?

- Freedom Pass to be accessible for those who need it
- Community transport options, and for services to provide transport where appropriate

Co-morbidities & Psychotherapy

Service users that had other diagnoses alongside their mental health one found that navigating the health system was quite difficult due to the lack of information sharing across departments and between health professionals and themselves.

Within the remit of co-morbidities, service users discussed **medication**. Most people felt they were prescribed too much medication too quickly, and that they would rather go through proper courses of therapy instead. They also found that they were having to choose between taking medication for their mental health or their physical health needs, often the medications react adversely. One of their main concerns was that GPs and Psychiatrists did not seem to understand each other's medications or know what was being prescribed to patients by each other.

Quotes:

- *"I am not getting my diabetes medicine as I am on too many other medications, 12 altogether. My daughter is a doctor. She helps and advises me."*
- *"The GP and Psychiatrist do not understand each other's medicine. It's dangerous."*
- *"They are too quick to prescribe medication and too slow to offer therapy."*
- *"There is too much medication. Every time you go they give you something new. There are too many side effects and too many problems caused by the medication."*
- *"3 times I have been given medications I shouldn't have been because they conflict with my physical health issues."*

Case study 1: A service user with learning difficulties discussed how it was hard for them to find information about the services and their mental health diagnosis. They wanted more support from doctors than they are receiving, someone to give them proper face-to-face information and signposting. They also discussed that whilst waiting for psychotherapy on the NHS they have had to search for therapy services elsewhere (Ealing Abbey Counselling) as the waiting list is too long.

Case study 2: A service user who had chronic pain alongside their mental health diagnosis had previously ended up in hospital due to a psychiatrist giving them medication which reacted with their other medication. They told us that there was no sharing of medical information between the psychiatrist and the pain clinic, that doctors only knew what medication they were taking if they told them one-to-one.

What would local people like?

- For there to be better communication across departments, for health records to be shared easily between the services they are accessing
- For GPs to be kept up-to-date and understand the medications people are being prescribed by the psychiatrist and vice versa
- For GPs to do effective signposting and information sharing with patients
- For Psychotherapy services to be more readily available and community-based therapy services to be signposted by GPs

Coordination & continuity of care

Generally, most people did not have a sufficient care plan in place, this ranged from complete non-existence to the care plan being out of date or incorrect. All SUs had inconsistent or non-existent care coordinators. They discussed that due to the high turnover rate of care coordinators and psychiatrists they constantly had to explain their life history to new people which was traumatizing - people would feel more comfortable if they built a relationship with just one person.

Quotes:

- *“I have not had a care plan in 4 years”*
- *“I do have a care plan, but about 4-6 of the medications on it are wrong”*
- *“They are on rotation. You have to tell your life story on repeat. It is traumatizing to talk about it again and again to complete strangers. I want to see the same person each time.”*
- *“Each new appointment you don’t know who you are seeing.”*
- *“Due to my history I have ‘no male’ medics’ on my file, but I turn up and there is a male medic!”*

What would local people like?

- An up-to-date care plan which has been coproduced by service users and their psychiatrist, also including a plan for crisis management
- To consistently see the same psychiatrist and care coordinator over a long period of time

Transfers of care and poor communications

Some SUs had experienced being moved around from different supported housing services to others without explanation. Requests for Community Psychiatric Nurses (CPNs) did not always go through and wait times for one can be very long. Generally, most people agreed that communication between GPs and other services was poor, and between psychiatric services and hospital departments for comorbidities. There was also discussion around the transferal process from primary care to secondary care and how a changeover period is not always given.

Quotes:

- *“They moved me from Avenue House to Cherrington House just like that, no information.”*
- *“Letters from Avenue House are not getting through to my GP. This is not a new issue. I had the same things years ago at my other GP.”*
- *“They were absolutely amazing there [Amadeus House], but the request for a CPN did not filter through. 3 weeks later, back under Avenue House, I was told I needed a CPN. 1 year later (up until now) I do not have a CPN.”*

What would local people like?

- For communication between services to be improved
- For services to be provided in a timely manner
- For referrals to be informed, timely and sensitive to their situation

Other:

- Some SUs often **felt intimidated by staff**, or feel like staff do not listen to them or care - complaints of nurses in wards just having a chat in the office rather than taking care of patients. They sometimes feel as if staff overstep their boundaries just because they are taking care of vulnerable people.
- **Isolation** was mentioned to be one of the biggest problems that service users faced. Some had physical comorbidities which hindered them even further. They said that community drop-in services such as The Solace Centre were vital to them to help keep isolation at bay and to meet other people whenever they felt like. Some participants talked about the Ealing Women’s Forum which had been helpful in building their confidence with public transport and as an organization that took them on trips that they would not normally be able to go on. They also discussed the necessity of “the Freedom Pass”. **Keeping isolation at bay was the thing that most helped them stay out of hospital because they felt supported.**
- People wanted **more information** about anxiety and panic attacks, not only what to do when it happens but what it is. They also mentioned that therapy techniques are good in theory but when they are having an anxiety attack, they do not always remember the methods they have been shown - it is more useful if they have someone there to support them through it.
- Some people mentioned that the **WLNHST only focus on the positives** of the things they are doing and are not honest about the changes they are making.

What matters most?

- **Decrease waiting times:** for services, between referrals, post-acute care, and follow-up care
- **Staff improvement:** for staff to be more empathetic, understanding and supportive, and to provide helpful information, signposting, and coping strategies where appropriate
- **Increased Mental Health training for GPs:** for GPs to understand conditions and medications better and to not feel judged by GPs so they can eventually rebuild trust
- **To not be treated as a tick-box exercise:** SUs want to be treated as customers and their needs put first and foremost.
- **Choice, co-production and care coordination:** to be able to make choices about their care alongside their care coordinator, and to actually have a consistent care coordinator, psychiatrist and care plan
- **For vital services not to be shut down:** people do not want to have to constantly fight for their services to remain open. They praised all the advocacy work that the Late Lena Inger did on their behalf
- **More home visits:** some people can feel too afraid to leave their houses sometimes
- **A listening service that works for them**
- **Proper communication between services:** “the right hand doesn’t know what the left hand is doing”
- **Change in Culture and Attitude of service providers:** People wanted a change of culture from the Trust, the services and the staff. They want it to be more caring and supportive, rather than feeling like they are going through a revolving door of services that are not well connected or organized, that do not want to help them. They feel that it should be a symbiotic relationship between the staff and the service users in order to make services good for everyone, and that this is the key to making a difference.
 - SUs also felt as if the system had brutalized the staff working there, becoming desensitized and less caring over time.
 - Another issue was that decisions were being made high up, only consulting SUs once decisions had been made. It was generally felt that there was too much bureaucracy and no accountability by management.
 - **Ealing Community Partners:** West London Trust signed 10-year contract. Re-branding has meant service has moved away from mental health - they have removed ‘mental health’ from name, and there is very little mention of MH on site. People are worried that the commitment to mental health services will be lost and they will become the ‘poorer little sister’.

Most importantly people want a service which is consistent, reliable, supportive, truthful and open.

Moving forward & how people want to stay engaged

- It was agreed that everyone wanted a follow-up event where they could get feedback on how the information and ideas, they came up with during the focus group was used. They want to know whether their feedback has reached the right people and why/why not it was taken on board. They wanted the follow-up event to include the relevant people from the Trust, CCG, and providers to be present so that they could hear what needed to be changed face-to-face rather than through an intermediary.
- SU's also wanted to be included in the write-up process before the report is disseminated to make sure that it is a proper reflection of their ideas and experiences.
- SUs were very passionate about wanting to make sure community MH services do not shut down and to be treated with respect. They felt as if the focus group was only useful if actual change resulted from it, otherwise it was just a waste of time.
- Would like information on the impact of their feedback - for instance, impact reports every 4-6 months. Involve SUs in the engagement and the conversation generally. Want to see change - more transparency. Need more awareness of mental health generally.
- **Want SUs as board members:** multiple SUs on boards, so that they can make things happen and be genuinely involved in decision-making.

Next steps

- The report has been shared with CAPE for feedback purposes.
- A follow-up event is in the works to update service users on what has currently been happening and to, ideally, facilitate direct discussion between service providers and service users.
- NWL transformation event for mental health - fed into this with the report responses.
- Meeting with a transformation event lead to feedback on all our research (follow-up from the general event).
- Reports about to be finalised across NWL - and discussed with the CCGs.
- Healthwatch England are looking at data nationally to feedback on the Long-Term Plan.

CCG clarification

One comment is about Ealing Community Partners, and people being concerned this was a move away from mental health.

My understanding is that Ealing Community Partners is a new part of West London NHS Trust working with other providers and the voluntary sector. It was commissioned by Ealing CCG and provides community health services across physical and mental health. The Primary Care Mental Health Service in Ealing is part of this, alongside Pathways run by Mind which provides practical support to people moving out of Recovery Teams. The aim is to join up people’s experience of needing physical and mental healthcare, which makes sense for everyone hopefully.

The Trust continues to provide the more intensive community mental health services (Recovery Teams, Crisis Assessment and Treatment Teams, Early Intervention in Psychosis), acute inpatient services including psychiatric intensive care, specialist rehabilitation services, Cognitive Impairment and Dementia services, Single Point of Access, Liaison Psychiatry, child and adolescent mental health services (CAMHS), and a range of other mental health services. They also provide secure mental health services.

The name change as I understand it was to reflect that they do now provide physical health services as well as mental health services. However, the mental health services are still a huge part of what the West London NHS Trust provide, and I don’t believe there is a risk of this becoming the poor relation as one person had been concerned about.

- Mental Health Commissioning Manager (Nov 2019)

West London NHS Trust response (Sept 2019)

	“You said”	“We did”
Recovery Service - Avenue House	<p>Difficulties getting through on the phone.</p> <p>Feel that Recovery Teams do not see people often enough</p> <p>“Staff are always rushing at Avenue House. It makes you feel like an inconvenience. There are not enough CPNs there. CPNs have been cut and the workload has gone up. They have no time. They have just paperwork and deadlines.”</p> <p>“High turnover of care coordinators”</p> <p>“lack of up to date care plans”</p> <p>“Communications between Avenue House and the GP is poor.”</p>	<p><i>Avenue House have recently gone through a period of lower than normal staffing levels. This was due to many of the staff progressing in their career development and being promoted within the trust and other agencies. To resolve this, we have recently had a recruitment drive. We have offered jobs to three community psychiatric nurses. They should be joining the team over the next month. We have also recruited two new social workers who are currently going through their pre-employment checks. In the interim we have employed 2 agency nurses, 2 agency social workers and an agency occupational therapist. The management team are reviewing the care planning process and communication difficulties at their Clinic Improvement Group monthly meeting</i></p>

<p>Recovery Service - The Limes</p>	<p>Difficulties getting through on the phone. Feel that Recovery Teams do not see people often enough “one SU been trying to contact for one week - impossible to get through.” “They mentioned the Limes recovery centre who constantly tell them they have no funding as the reason that they don’t provide some services anymore.” “High turnover of care coordinators” “lack of up to date care plans”</p>	<p><i>We have introduced a new switchboard, as part of our transformation work, and this will impact in the coming weeks on the frustration that service users and carers experience with not being able to get through via a telephone call to the Recovery Teams. We are also ensuring that reception staff are provided with the most up to date telephone equipment to ensure no calls are dropped. We also have put in place and ongoing programme to ensure that workers provide their direct work mobile numbers to service users and carers.</i></p> <p><i>The services at the Limes are now near to being fully recruited to, and the funding provided is used to ensure that the right staff, with the right skills are employed. There continues to be strong integrated working arrangements, with council services, and employment support base at the limes and Recovery Team East.</i></p> <p><i>The answer machines issue has now been addressed with the investment in the telephones infrastructure and staff training programme. The number of missed calls is monitored on a regular basis.</i></p>
<p>SPA</p>	<p>“ They can make a difference at crisis point” “Not very empathetic..” “Can’t get through on the phone. Have to wait too long.” “ I have called in crisis and been told to have a cup of tea.”</p>	<p><i>We will continue to ensure that we can make a difference at crisis point but would like to support people before the crisis point.</i></p> <p><i>We have started to have training sessions on different diagnosis/symptoms to increase our knowledge base but also to improve on our responses.</i></p> <p><i>We are currently experiencing a higher volume of calls in comparison to when SPA was initially started- these have increase from an average of 4500 calls a month to an average of 5500 and as such we are now reviewing our current staffing levels in order to meet the increased need for our services.</i></p> <p><i>We plan to do a review of our calls and random spot checks on the calls that have been completed by our mental health advisors to give us an understanding of where our learning needs are. We have identified anxiety management as one area and have</i></p>

		<i>invited IAPT to come and support teaching in order to better equip our clinicians with tools and advice to support clients.</i>
Primary Care	<p>“Transition from secondary to primary care: supposed to be a 6 week changeover period, not happening. One service user “dumped” via letter.”</p>	<p><i>We do recognise that transitions between services can be a difficult time for people and the Recovery Teams and Primary Care Mental Health (PCMH) Teams are continuing to work together to ensure that this process is as smooth as possible.</i></p> <p><i>If someone feels that they would benefit from additional support to successfully make the transition from Recovery Teams to GP led care they can request to see the PCMH Worker attached to their GP practice by speaking to their GP.</i></p>
Liaison Psychiatry	<p>“Waiting times were bad for psychiatrist liaisons”. “Psychiatric Liaison service at Ealing Hospital: I had to wait for 4 hours. Another person identified only waiting 20 mins recently.”</p>	<p><i>It is recognised that the most challenging times for Ealing Liaison Psychiatry Service (ELPS) to respond to referrals within the agreed response time is out of hours and, in particular, during the night shift. However, as a service and a Trust we are committed to providing a high standard of service and care.</i></p> <p><i>Prior to July 2018, ELPS was operating from 08.00hrs to 22.00hrs from Monday to Sunday. ELPS had a response time of 1 hour for all referrals received from the Urgent Care Centre (UCC) and the Emergency Department (ED). The service during the night shift, from 22.00hrs to 08.00hrs was run by the Ealing Crisis, Assessment and Treatment Team (ECATT) and they had a response time of 4 hours. This would account for some of the disparity in the response time during night shifts prior to July 2018.</i></p> <p><i>In 2018, ELPS received funding to extend the service to 24/7 but the funding only allowed for 1 nurse at night. ECATT also received funding to restructure their service with a focus on community assessments during the night. ELPS and ECATT collaborated on a joint protocol whereby ECATT is able to assist ELPS when there is a high number of referrals during the night shift, thus reducing waiting time for service users. There is also a further escalation process where ELPS can seek assistance from the on call medical team out of hours if there are expected long delays in UCC or ED.</i></p>

ELPS also put in a bid for winter funding towards the end of 2018, which allowed the team to cover the service with 2 nurses on 3 nights a week during the months of February 2019 and March 2019. The reduction in the waiting time is reflected in the improved KPI for these 2 months.

With an increase in the medical staffing during working hours from August 2019 to December 2019, ELPS has reviewed the staffing level across the service. Staffing will be reduced from 3 nurses to 2 nurses during day shifts from the first week of September to enable us to increase the staffing to 2 nurses on 3 nights a week and as long as the budget would allow. It has been proven that this helped reduce waiting time and improve service user experience.