NICE National Institute for Health and Care Excellence

Appendix B: Stakeholder consultation comments table

2021 surveillance of transition between inpatient mental health settings and community or care home settings (NICE guideline NG53)

Consultation dates: 17th to 30th September 2020

1. Do you agree with the proposal to not update the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
FND Hope UK	No comment	No comment	Thank you for your response.
MIND	No	Currently, the guideline states that a person who has been discharged should be followed up within 7 days (1.6.7) and within 48 hours if a risk of suicide has been identified (1.6.8). Since the guideline was developed, evidence and expert opinion have emerged that highlights the urgent need to reduce follow-up time. Both the National Confidential Inquiry into Suicide and Homicide by People	Thank you for your comments. We conducted an exceptional review in 2017 on the potential impact on recommendations 1.6.7 and 1.6.8 of the MIND survey referred to in your comments and of the findings of the National Confidential Inquiry into suicide and safety in mental health (NCISH) on rates of suicide and priorities for safer services for people with mental illness, also highlighted by MIND. The exceptional review describes the results and conclusions of both studies and their impact on NICE guideline NG53. It reported that the Mind survey found that suicide and self-harm attempts were more likely to occur in people receiving discharge follow-up

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		with Mental Illness,[1] and the House of Commons Health Select Committee on suicide prevention, have called for earlier follow-up for everyone leaving mental health inpatient services.[2] Mind's own survey (completed by 850 people) found that people who were not followed up within the first week of leaving hospital were more than twice as likely to attempt suicide.[3] We believe that seven days is too long for someone who has been admitted to a mental health hospital to be left without contact, whether or not a specific risk of suicide has been identified. Given the evidence and the high rates of suicide within the first few days following discharge, we want everyone leaving a mental health inpatient setting to be followed up within 48 hours. We also think that the guideline should be updated due to the changes in discharge practice, implemented as a result of the coronavirus pandemic. In response to the pandemic, services were urged to free up bed capacity for the emergency response and to reduce the risk of infection. It	after 7 days or not at all compared to people followed-up within 7 days. The exceptional review reports that the NCISH review concluded that the risk of suicide is highest within the first 2 weeks post-discharge from an inpatient setting. It also concluded that there is a reduction in the rate of suicide in the period between discharge and first service contact, which suggests recognition of the need for early follow-up. The NICE exceptional review concluded that the results from the 2 reports were largely consistent with recommendations 1.6.7 and 1.6.8 in NICE guideline NG53 and that an update was not required. The exceptional review reported conclusions from the 2016 NCISH report that used data from UK countries covering the period 2004-2014. The NCISH report was updated in 2019 with findings for the period 2007-2017. The updated report finds that the majority of post-discharge suicides occurred within 3 months post-discharge; and post-discharge suicides were most frequent in the first week after leaving hospital in England and within the first 2 weeks in Wales. Although it reports that the highest number of deaths occurred on the second and third day, it also reports the number

[1] NCISH (2019) *National Confidential Inquiry into Suicide and Safety in Mental Health – Annual Report 2019*: http://documents.manchester.ac.uk/display.aspx?DocID=46558.
[2] House of Commons Health Select Committee (2017) *Suicide Prevention Sixth Report of session 2016-17:* https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/1087/1087.pdf.
[3] Mind (2017) Leaving Hospital – Briefing on discharge from mental health inpatient services: www.mind.org.uk/media-a/4376/leaving-hospital-minds-good-practice-briefing.pdf.

		is still not clear what impact this has had on patient care. There is a role for NICE in identifying how the crisis impacted practice around discharge from hospital and to make recommendations to ensure any lessons for the future are learned. It would be particularly valuable to identify what has enabled safe discharge during this time, given we know there has been historic issues with delayed transfers of care in Mental Health Trusts. This is particularly important in the event of a second wave of coronavirus infections.	and proportion of patients who died before the first follow-up fell over the report period. The findings and conclusions of the 2019 NCISH report are consistent with the 2016 NCISH report, and as such the NICE exceptional review conclusions remain, that the content of recommendations 1.6.7 and 1.6.8 should not be updated. Thank you for your comments in relation to changes in discharge practice during the COVID-19 pandemic. We plan to look at NICE mental health guidelines as a whole, in order to explore the implications of the long term plan and other system drivers including the impact of COVID-19 on our mental health portfolio.
Royal College of Nursing	No	We consider the guidance needs to be more prescriptive around the responsibilities of NHS facilities to ensure safe transfer of people with complex mental health needs. In review of the current 2016 standard, there is a need to update and show more analysis on terms of recovery, care planning, admission, discharge, risks etc. It is very important to consider gender issues, sexuality and LGBT support, particularly for younger adults - following the mention of an increased risk of suicide within 7 days statement. Some healthcare professionals may overlook some of the guidance, if it not clearly explained. A suggestion could be to bracket some of the terms used to show some understanding. The guidelines are clear for now. However, this is a difficult period for experts in the field including NICE and practitioners with the view of an update, but it is important to safeguard the service users that enter services.	Thank you for your comments. Recommendation 1.2.3 recommends allowing more time and expert input in helping people with complex needs transition between services. However, we acknowledge that research in this area is limited and NG53 contains research recommendation 2 which aims to stimulate research on the effect of specific interventions to support people with complex needs during transition between inpatient mental health settings and community or care home settings. NICE, with partners in NHS England and Public Health England have carried out analysis of the effect of implementing NICE mental health guidance on the health and care system. This includes NG53 and its accompanying quality standard (QS159). The results of this assessment can be read about in the NICE mental health impact report. Recommendation 1.1.7 which makes up one of the overarching principles of the guideline says that people with mental health

			problems should have access to mental health services regardless of sexual orientation and age. Recommendations 1.6.7 and 1.6.8 which advise on follow-up periods should be applied in the context of these guiding principles.
Royal College of Paediatrics and Child Health	Yes	Frequent changes of guidelines make implementation difficult and as such mental health services are facing implementation issues and are struggling to meet basic demands especially in the current COVID times. Upgrading the guideline will only worsen the situation as the use of guidelines in practice is frequently reported as being unpredictable, often slow and complex. Recommendation of guidelines NG 53 are relevant and are not in conflict with the new legislation. Cross Referrals to other NICE guidelines on mental health services have been added. As people's experience of mental health care still remains poor, the aims should be to focus on coordination, communication and outcomes and to reduce unacceptable and undesirable variations. However, recent adaptation frameworks show an evolution from adapting entire existing guidelines to adapting specific recommendations from an existing guideline. Certain adaptations can be thus be made in relevance to the MILESTONE study when completed and the current COVID situation.	Thank you for your comments. We note your comment about meeting basic demands during the COVID pandemic. We plan to look at NICE mental health guidelines as a whole, in order to explore the implications of the long term plan and other system drivers including the impact of COVID-19 on our mental health portfolio. Thank you for your comments about the relevancy of NG53 recommendations, their alignment with current legislation and the addition of cross-referrals. Thank you for your comments about, and for highlighting, the MILESTONE study. We identified the MILESTONE study during this surveillance review and will assess its impact on recommendations when it publishes. In addition, we plan to look at NICE mental health guidelines as a whole, in order to explore the implications of the long term plan and other system drivers including the impact of COVID-19 on our mental health portfolio.
Royal College of Psychiatrists	No	Given the community mental health framework has now been published by NHSE/I – shouldn't that mean that both this guidance and that on service user experience are reviewed in light of that? The framework is not referred to	Thank you for your comments. The community mental health framework supports local and regional provider planning to enable

		in this consultation document. It contains extensive recommendations that would be relevant to this guideline and necessitate revisions to it. We feel the guideline is very broad and could be improved by being updated and providing increased SMART actions or deliverables that can drive up the quality of care.	them to realise the NHS long-term plan for community mental health. NG53 covers all people in transition between inpatient mental health settings and community or care home settings. The framework is aimed at local providers of community mental health services to enable them to redesign community mental health services in line with the NHS Long-term plan. Until these changes are implemented at a local level and evaluated, it is not possible to assess their impact on NG53. We will ensure that this work is considered as an area for assessment at the next surveillance review. Both the impact of the NHS Long Term Plan and also the NHS Mental Health Implementation Plan are considered on p. 11-13 of the CG136 consultation document. This notes that these plans were developed in line with NICE guidance and that service user recommendations in CG136, to which NG53 recommendation 1.1.2 cross-refers, are consistent with their aims and objectives. Thank you for your comments about the remit of NG53. The remit from the Department for Health and Social Care was to 'develop a guideline on the transition between inpatient mental health settings and community or care home settings for children, young people and adults… (to) provide recommendations about actions to improve practice'. The recommendations are primarily about service delivery and are necessarily broad. The quality standard derived from this guideline provides quality statements that include specific, measurable performance metrics designed to improve the quality of care.
NHS England and NHS Improvement	Yes	Agree the impact of the existing guidance probably hasn't changed.	Thank you for your comment.

2. Do you have any comments on areas excluded from the scope of the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
FND Hope UK		Functional Neurological Disorder sits at the interface between neurology and psychiatry. It has many causes and there is the concern that some with the diagnosis may considered as a psychiatric concern rather than a neurological concern and, therefore, falling under the care of mental health services. The guideline makes no mention of receiving a second opinion as to the driver of their FND and, therefore, no safety net in place to prevent this. Para 1.2.4 & 1.2.5 : these paragraphs relate to allowing more time for people with complex needs. An illustrative, non-exhaustive list is provided. While it is non-exhaustive we think that the list should include specific mention of people who have co-morbid disabilities, as the wrong approach on one, can have a severe effect on the other/s. Para 1.3.15 : this paragraph addresses what information the admitting nurse is to provide to the patient under observation. We think it should also say that the patient be informed who they can complain to, confidentially, about any problems they encounter during their stay, whether it be with other patients, disengaged staff, staff who have no understanding of any co-morbid disabilities. Para 1.3.17 : this talks about supplying things like toothbrushes etc. We think there needs to be specific	Thank you for your comments. It is not possible to include an exhaustive list of patients who may come into contact with mental health services. As you highlight recommendation 1.2.4 does recommend allowing more time for assessment by specialists during transition between services, and recommendation 1.2.7 recommends that a full history should be taken during admission planning. Both of these recommendations accommodate the input of specialists in functional neurological disorder (FND). Recommendations 1.2.4 and 1.2.5. were developed using a combination of testimony from expert witnesses and guideline committee expert consensus. There was no evidence identified that would suggest a health care professional would not consider someone with a co-morbid disability as not being someone with complex, multiple, or specific support needs. Therefore, this group are not specifically listed but are accommodated by this recommendation. With respect to your comment on recommendation 1.3.15, NICE has also published Multimorbidity: clinical assessment and management which includes recommendations about shared decisions based on what is important to each person in terms of treatments, health priorities, lifestyle and goals. Further to this people have a right to be involved in decisions about their own care their own care and this is

		mention of the admitting staff asking what other things the patient may require e.g. self- administered catheters.	described in 'making decisions about your care' located at the start of the recommendations section. Thank you for your comments about confidential complaints. Recommendation 1.1.2 cross refers to the section on relationships and communication in the NICE guideline on service user experience in adult mental health which contains recommendation 1.3.9 which says: inform service users about how to make complaints and how to do this safely without fear of retribution. Recommendation 1.1.4 in the overarching principles for the guideline recommends that staff record the needs and wishes of the person at each stage of transition planning and review.
MIND		We recommend that NICE develop specific guidance on transition from Specialist CAMHs to Adult Mental Health Services.	Thank you for your comment. NICE has published transition from children's to adults' services for young people using health or social care services (NICE guideline NG43) which includes within its scope transition from CAMHS to adult mental health services.
Royal College of Nursing	Yes	We consider that the guidance needs to be more specific about the transition of people with complex mental health needs to private care facilities who require restrictions. Currently, there is no requirement for teams to agree deprivations which will be required to keep someone safe who is moving from a hospital (MHS section 3) to a care environment which is privately run. Irrespective of Section 17 Leave which may provide some handover time for organisations to get to know new residents, overall in our experience, the amount of funded leave varies from none to ten days. It is impossible to fully understand the impact a	Thank you for your comments. With regards to your comment on the transition of people with complex mental health needs to private care facilities, recommendation 1.5.18 recommends that if a person is being discharged to a care home, involve care home managers and practitioners in care planning and discharge planning. Any restrictions required should be discussed as part of this discharge planning process, and the recommendation applies however care homes are funded. NICE are unable to comment on local variations in funded leave as local service delivery arrangements are beyond our remit.

		new environment may have on an individual with complex mental health needs in twenty-four hours or even ten days. In the Transition between inpatient mental health settings and community or care home settings guidance 1.2.4 does not acknowledge people that have substance misuse problems (although the appropriate guidelines have been acknowledged) during the assessment process. 1.2.7 could acknowledge current investigations without a prognosis- ongoing that may not be identified during typical assessment. (Although it does state physical). 1.2.8- Addiction services tier 1-4 suggestion to acknowledge. 1.3.1- Offer brief PSI where needed? 1.4.1- Offer support group for carers where feasible in terms of the service provision. Some of our reviewers have shared that in their experience, they have offered weekly family/carer drop-ins with one member o f staff to facilitate and offer reassurance and build rapport with carers/family members	NICE are currently developing guidance on adults with complex needs: social work interventions including assessment, care management and support, which may also help to address some of the issues described about people with complex needs. The guidance is for health and social care staff, including mental health professionals who support people with complex needs. It will make recommendations about social work assessment and care planning including needs assessment and risk assessment, in all settings where social work is provided. Draft guidance consultation is planned for November 2021. In relation to your comment concerning substance misuse problems, recommendation 1.3.19 recommends that at admission, a senior healthcare professional should discuss all medication and care needs with the person being admitted, including addiction issues. NICE has also published coexisting severe mental illness (psychosis) and substance misuse which aims to help healthcare professionals guide people to stabilise, reduce or stop their substance misuse. Thank you for your comments about recommendations 1.2.7 and 1.2.8. We think that the existing recommendations cover the issues raised. Recommendation 1.2.7 accommodates current investigations without a prognosis as it includes taking a full history that should include details of ongoing investigations. Thank you for your comment about addiction services. Addiction services are accommodated by recommendation 1.2.8 as it includes community health and social care teams and general hospital liaison teams among the teams listed.

		with the aim to enhance the service user's relationship with the healthcare professional. 1.4.9- Following a carer's needs assessment, are aware of healthcare professionals who had applied for grants for respite care - and had a budget to provide small funds for those in need. 1.5.20- Liaise with community specialist teams such as learning disability addiction services, MIND and other non-statutory sectors for support.	Thank you for your comment about PSI. A psychosocial intervention (PSI) may be accommodated as part of the recovery programme specified in recommendation 1.3.1. NICE has also published other guidance (e.g. as described in the stepped care approach in common mental health problems (NICE guideline CG123) that contain specific recommendations about when to consider PSIs. Thank you for your comment on recommendation 1.4.1. NG53 makes a number of recommendations that acknowledge the needs of carers including 1.4.1. Recommendations 1.4.8 and 1.4.9 recommend assessing a carer's needs post discharge. The intervention you describe of having family drop-ins to build rapport sounds like an interesting approach to implementing 1.4.1. We would welcome any published evidence you may have about the effectiveness of this approach to enhancing the patient- healthcare professional's relationship. Thank you for your comment on rec 1.4.9. It would not be appropriate for NICE to add information about potential respite grants as they may not be available for all health care professionals and their service users and funding arrangements may change. Recommendation 1.1.8 also recommends giving people in transition comprehensive information about treatments and services for their mental health problems at the time they need it. Thank you for your comments on recommendation 1.5.20 recommends sending everyone involved in providing support to a person at discharge and afterwards should receive a copy of the care plan. This may include community specialist teams.

Royal College of Paediatrics and Child Health	No	No comment	Thank you for your response.
Royal College of Psychiatrists	Yes	At present there is no NICE guidance for community or crisis/ home treatment teams (for example). NG53 touches on some important aspects, but falls short in terms of recommendations on how services should be organised. However, the new Rehabilitation for adults with complex psychosis NICE guideline [NG181] says: 'It includes recommendations on organising rehabilitation services, assessment and care planning, delivering programmes and interventions, and meeting people's physical healthcare needs.' https://www.nice.org.uk/guidance/ng181 Adult mental health services would really benefit from something similar, especially given the funding coming to them in the Long Term Plan, and as new models are being developed as part of the 12 early implementer sites. NHS England state: 'These early implementer sites will test how the barriers between primary and secondary care can be dissolved. They will lead transformation of community mental health services in England in partnership with Primary Care Networks (PCN) and Clinical Commissioning Groups (CCGs), as well as local authorities and the Voluntary, Community and Social Enterprise sector (VCSE), service users, families and carers, and local communities themselves.'	Thank you for your comments. Organisation of crisis and home treatment teams is out of the scope of NG53. Recommendations about crisis and home treatment are included where evidence indicates they work in supporting effective transitions. As stated in your comments, and identified in this surveillance review, long-term changes are planned which aim to break down barriers between primary and secondary care. The impact of these policy changes will be monitored and their impact on recommendations assessed.

		https://www.england.nhs.uk/mental-health/adults/cmhs/	
NHS England and NHS Improvement	Yes	New things for the guidance to consider: Impact of Covid-19 and considering the safety of other people including the people providing care and support in the community when planning a discharge from hospital MM legal judgement impacts upon ability to progress discharge where a person has capacity/identified need for deprivation of liberty measures, see https://www.supremecourt.uk/cases/docs/uksc-2017-0212-judgment.pdf . Similarly, PJ legal judgement will impact upon the use of CTOs as judgement makes clear that CTO cannot be used to authorise deprivation of liberty in the community.	Thank you for your comments about the impact of COVID-19. We plan to look at NICE mental health guidelines as a whole, in order to explore the implications of the long term plan and other system drivers including the impact of COVID-19 on our mental health portfolio. Thank you for highlighting these 2 legal judgements. NG53's recommendations should be implemented in line with the Mental Health Act Code of Practice, which is linked to in recommendation 1.1.3. Recommendations were checked against the latest version of the Act and were found to still be valid. Recommendation 1.6.10 makes recommendations about when to use a CTO based on several criteria and cross-refers to the Mental Health Act Code of Practice. We assessed the currency of NG53 recommendations against this document and assessed them as still being current.
3. Do you have any comments on equality issues?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
FND Hope UK	No comment	No comment	

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MIND	Yes	There have been stark ethnic inequalities in mental health treatment and access to services for many years. Black people are more likely to be detained under the Mental Health Act and are more likely to be subject to forcible restraint. Correspondingly, research from Public Health England has identified that coronavirus is disproportionately impacting these groups. Given the negative experiences that people from BAME communities have historically received from mental health services it is vital that we get it right this time by understanding how discharge policies in light of coronavirus may be particularly impacting these communities and readapting policies accordingly.	Thank you for your comments. NG53 recommendation 1.5.3 does recommend mental health services should ensure that people with mental health problems in transition have equal access to services, irrespective of cultural, ethnic and religious background. We plan to look at NICE mental health guidelines as a whole, in order to explore the implications of the long term plan and other system drivers including the impact of COVID-19 on our mental health portfolio. Other organisations have produced guidance about COVID-19. For example the Royal College of Psychiatry's COVID-19: Guidance for clinicians which includes Patient engagement - COVID-19 guidance for clinicians.
Royal College of Nursing	Yes	There is lack of equal opportunities because there is no national guidance. Alcohol Use Disorder NICE guidelines by topic could be acknowledged as mentioned Homeless Reduction Act and coexisting severe mental illness and substance misuse: community health and social care services (NG58), and coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings (CG120) have been acknowledged.	Thank you for your comments. NG53 recommendation 1.5.3 recommends mental health services should ensure that people with mental health problems in transition have equal access to services, irrespective of gender, sexual orientation, socioeconomic status, age, disability, cultural, ethnic and religious background. This guideline's recommendations are primarily aimed at health and social care practitioners, patients and their families using the NHS mental health services in England and Wales. Coexisting severe mental illness and substance misuse: community health and social care services (NICE guideline NG58) is referred to in appendix A of the surveillance proposal, because it addresses specifically mental health problems in people with substance misuse disorders, including alcohol disorders. Alcohol-use disorders: diagnosis and management of physical complications (NICE guideline CG100) focusses exclusively on physical health problems that are completely or partly caused by an alcohol-use disorder so is

		Discrimination has been acknowledged with some direction - however consider specific mention of LGBT rather than sexuality. There continues to be inequalities in the experiences of people with dementia and/or learning disabilities and transition between mental health services and other settings but there is no new evidence to warrant a change in the guideline, however, there is a need to make explicit statements to be more inclusive in some sections of the guideline.	not directly relevant to NG53. The surveillance report does comment that 'people who misuse alcohol were also thought to be a specific subgroup as there may not be continuity of services in the community. The care provided in the community is beyond the scope of this guideline' NG53 recommendation 1.1.7 uses the terms sexual orientation and gender, which is in line with the NICE style guide. NG53 has recommendations 1.2.4, 1.2.5 and 1.6.4 which recommend additional expert support and allow for more time for transitioning people with complex needs. We acknowledge that people with dementia and/or learning disabilities require special consideration during transition between mental health services and that research is lacking in this area. To address this NG53 also makes research recommendations around care and support for people with dementia, and people with complex needs other than dementia, including people with learning disabilities, in order to stimulate research to inform future recommendations for these groups. NICE has also published mental health problems in people with learning disabilities: prevention, assessment and management (NICE guideline NG54) and dementia: assessment, management and support for people living with dementia and their carers (NICE guideline NG57) which make recommendations for the care of these groups of people. With regards to your comment that the guideline should be more inclusive in some sections, it is not clear where this would be needed.

Royal College of Paediatrics and Child Health	Yes	The socio economic position of the person is of prime importance, access to health services, the ability to act on health advice and the capability to modify health risk factors are all influenced by the circumstances in which people live and work and this leads to health inequalities. Providing a person a centred integrated programme of care in a format and language suited to the person's needs, taking into consideration their cultural and religious beliefs are needed. The other inequalities to be considered are; homelessness, immigration detainees, coexisting severe mental illness and co morbidities, and substance abuse. As Unaccompanied Asylum Seeking Children (UASC) are subjected to several harmful practices, torture and abuse, the vast majority have mental health symptoms. Their unmet needs should be addressed.	Thank you for your comments. The scope of the guideline covers 'all children, young people and adults in transition between services'. The recommendations apply to all groups and should be applied in the context set out by recommendations in the overarching principles section of NG53. Recommendation 1.1.7 in this section recommends that access to mental health services should be based on need irrespective of socioeconomic status, cultural, ethnic and religious background, and whether or not a person is receiving support though the care programme approach or are subject to mental health legislation. Recommendation 1.1.1 in the same section recommends that care received during transition is person-centred and focused on recovery; and recommendation 1.1.8 recommends comprehensive information should be given to people when they need it, in easy read format or translation if required. All of the recommendations are to be applied in the context of the overarching principles. NICE has also published guidelines on diagnosing and managing post-traumatic stress disorder (NICE guideline NG116) which covers asylum seekers including children who have experienced traumatic events. The guideline also links from the top of the recommendations page to 'Making decisions using NICE guidelines' which includes links to government guidance about safeguarding that includes advice about safeguarding Unaccompanied Asylum Seeking Children (UASC).
Royal College of Psychiatrists		Equalities issues are referenced in this guideline but are not wholly in line with the Equalities Act 2010. For example, section 1.1.7 refers to equality of access for some but not	Thank you for your comment, however we do not agree that the guideline is not in line with the Equalities Act 2010. NICE does not provide exhaustive lists of characteristics within recommendations,

		all groups with protected characteristics under the Equalities Act. There is a need to review the guideline to ensure that it is fully aligned with the Equalities Act 2010.	however, protected characteristics under the Equality Act 2010 were considered throughout the development of the scope and an equality impact assessment was undertaken after the scope and following guideline development.
NHS England and NHS Improvement	Yes	We are concerned only 5 out of 27 topic experts responded and no one approached specifically covering learning disabilities or autism.	Thank you for your comments. Topic experts were encouraged to respond via reminder e-mails. Topic experts give their time voluntarily and their schedules sometimes make it very difficult for them to respond. Topic experts are not the only source of evidence and views, we also rely on and value the views and comments made by stakeholders during public consultation processes such as this one. Practitioners with expertise in learning disability were approached for this surveillance review but unfortunately were not able to respond.

4. Is there any additional evidence you are aware of for people transitioning from mental health settings to the community or care home settings who are:

- **Frail older people**
- **People living with dementia**
- **People living with other complex needs, such as long-term conditions or learning disabilities**

Stakeholder	Overall response	Comments	NICE response
FND Hope UK	No comment	No comment	
MIND	No comment	No comment	

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Royal College of Nursing	Yes	Evidence – We consider that more needs to be done to look at different geographical locations and how funding from Clinical Commissioning Groups supports safe transition. Evidence would also need to be collected to look at how the transition from MHA to DOLS is supported by medical staff and community consultants. In our experience this varies greatly. 1. NICE: Improving young people's experiences in transition to and from inpatient mental health settings - community setting could be a non-statutory or private provider. 2. The Royal College of Psychiatrists, (2020). Moving on from child and adolescent mental health services (CAMHS): The transition. 3. The Kings Fund (2017): Quality improvement in mental health. The current guideline does not identify rehabilitation potential for these service users. The article below does not provide strong enough evidence for a guideline and is not UK based but future guidelines could look to see what evidence is available about rehabilitation pathways following mental health setting admission for people with dementia, learning disability or complex co-morbidities. Monica Cations, PhD, Natalie May, B Psych (Hons), Maria Crotty, PhD, Lee-Fay Low, PhD, Lindy Clemson, PhD, Craig Whitehead, FRACP, James McLoughlin, PhD, Kate Swaffer, MSc, Kate E Laver, PhD, Health Professional Perspectives on Rehabilitation for People With Dementia, *The*	Thank you for your comments about clinical commissioning groups. The funding of services by Clinical Commissioning Groups is beyond the remit of NICE. Thank you for your comment about transition from MHA to DOLS. We would be grateful If you could share with us any evidence about this issue. Thank you for your comments about young people's experiences in transition to and from mental health settings. The recommendations are aimed at all providers including statutory and private, please see 'who is this guidance for?' section. Thank you for sharing information from the Royal College about CAMHS. This document is aimed at parents, teachers and young people and is out of scope of this surveillance review and the guideline. Thank you for sharing information about quality improvement from the King's Fund. This document is a case series and is therefore out of scope for this surveillance review. Thank you for sharing this study by Cations et al. It is a qualitative study which uses a thematic analysis of semi-structured interview responses (n=16) to explore the views and perspectives of health care professionals on barriers to multidisciplinary rehabilitation provision for people with dementia. NG53 acknowledges further research is needed for people with dementia and makes research recommendation 1 that asks 'what is the effect of specific interventions to support people with dementia during transition between inpatient mental health settings and community or care home settings?' The recommendation states intervention

		Gerontologist, Volume 60, Issue 3, April 2020, Pages 503–512, https://doi.org/10.1093/geront/gnz007	effectiveness studies are needed to address this research question and that qualitative studies of patient and carer experiences and perspectives 'would also be welcome'. Therefore, this recommendation remains valid.
Royal College of Paediatrics and Child Health	Yes	The following journal articles may be used as references: "Hospital discharge planning for frail older people and their family are we delivering best practices. A review of the evidence" Michael Bauer & Les Fitzgerald . May 2009. Journal of Clinical Nursing "How do we optimize care transition of frail older people," Judy Lowthian. Journal of age and aging. Vol 46. Jan 2017 "Developing and testing an intervention to prevent homelessness among individuals discharged from psychiatric wards to shelters and no fixed address". Forchuk C. & MacClure S.K.. Pyschiatric and Mental Health NW. 2008 "Homelessness after discharge from psychiatric wards perspective of consumers and staff" – Forchuk C. & Godin M. Journal of psycho social nursing. 2013	Thank you for sharing these articles. All apart from the article by J Lothian predate the surveillance period of this review which is March 2016 to December 2019. The article by J Lowthian is an editorial and falls outside the inclusion criteria for study types in the original guidance which are primary and secondary research including: qualitative studies; studies on people's views and experiences; controlled trials or studies with comparison groups, and economic evaluations and systematic reviews and meta-analyses.
Royal College of Psychiatrists		There is now extensive guidance with respect to transitions from inpatient environments to community environments with respect to COVID 19. Note that there are important considerations, relevant for NG53, including when individuals are being transferred to a care home setting. See:	Thank you for sharing these documents. We will share these with NICE's COVID-19 team. We also plan to look at NICE mental health guidelines as a whole, in order to explore the implications of the long term plan and other system drivers including the impact of COVID-19 on our mental health portfolio.

		https://www.england.nhs.uk/coronavirus/secondary-care/discharge/	
NHS England and NHS Improvement	Yes	"Experts highlighted that the recommendations are relevant but that mental health services are struggling to meet basic demands" especially during this pandemic. Evidence emerging from the Assuring Transformation dataset that there was a higher number of discharges from inpatient settings during the start of the pandemic and potentially a need to gather and evaluate evidence of outcomes for people discharged during this period, i.e. how confident are we that those discharged are well supported, and can access specialist services quickly when needed. This would apply to people with mental health conditions, people with a learning disability and especially high functioning autistic people.	Thank you for your comments. If NHSE&I are aware of any relevant publications, we would welcome these being shared.

5. NICE acknowledges that services may be affected by the current COVID-19 situation. Please tell us if there are any particular issues we should be considering?

Stakeholder	Overall response	Comments	NICE response
FND Hope UK	No comment	No comment	
MIND	No comment	An additional 2,441 people were discharged from mental health hospitals in March compared to February. NHS England (NHSE) guidance advised that the reviews to support safe discharge needed to assess risk and be done in partnership with the individual, family and carers, and onward care providers where relevant. However, the	Thank you for your comments and for sharing the MIND briefing. NG53 also makes recommendations about planning discharge with the individual, family and carers, carrying out risk assessment and involving onward care. We did not identify any published evidence about unsafe discharge practices during this review.

		volume of additional discharges from mental health hospitals; accounts of individual experiences; and our pre-existing uncertainty about discharge practices mean we're concerned that this wasn't always the case[4]. **Clarify recommendation on mental health assessments:** The guideline recommends that mental health practitioners supporting transition should respond 'quickly' to requests for assessment of mental health from people with mental health problems and family members and carers. We recommend that a timeframe is attached to providing these assessments. **Improving joint working and integration**: Getting the right support for people being discharged from a mental health ward often entails a range of services (such as housing and social care) and joint working is essential to preventing delays in discharge. Some areas do this well and the pandemic response may have enhanced cooperation in some cases. However, we are concerned that in other areas people will have been left without the support they need. NICE should recommend that mental health trusts improve partnership working with the Voluntary, Community and Social Enterprise (VCSE) sector, and social care and housing providers. This should draw on learning from experience	The recommendations your report makes are broadly supported by those of NG53 however the report illustrates the impact of COVID-19 on mental health discharge practices. We will raise this issue with colleagues developing guidance on COVID-19. We also plan to look at NICE mental health guidelines as a whole, in order to explore the implications of the long term plan and other system drivers including the impact of COVID-19 on our mental health portfolio. Thank you for the comment about mental health assessments. Recommendation 1.1.2 is derived from an interpretation of evidence from qualitative studies and from guideline committee consensus. No evidence was found during guideline development or surveillance that identified an optimal time threshold for responding to assessment requests. If you have any evidence that you could share about this it would be helpful. NG53 recommendation 1.1.7 recommends mental health services should work with primary care, local authorities and third sector organisations to ensure that people with mental health problems in transition have equal access to services. This is an overarching principal of the guideline that should apply to the implementation of recommendations in all circumstances, including the current pandemic. Thank you for your comment about VCSE partnership working during COVID. If you have any evidence about this, we would be

[4] Mind (2020) Briefing: impact of coronavirus on discharge from mental health hospital. See here.

		during the pandemic and build on good practices that may have been developed. **Support in the community:** With staff sickness and redeployment and changes to delivery of services, we are concerned about the level of support able to be provided by community mental health teams to people who are discharged from hospital. NICE should recommend that whenever guidance to encourage rapid discharge is brought in to manage unprecedented pressures on the NHS (as seen in the recent pandemic) that mental health trusts should be in active contact with patients discharged through this process to ensure that they are receiving adequate support in the community. **Testing for coronavirus infections:** NICE should recommend that people being discharged from an inpatient mental health ward are given the opportunity to be tested for coronavirus before moving to a community or care home setting.	grateful if you could share it with us and we will consider its impact on recommendations. Thank you for your comments about support in the community. We appreciate the pandemic has had a large impact on services. We plan to look at NICE mental health guidelines as a whole, in order to explore the implications of the long term plan and other system drivers including the impact of COVID-19 on our mental health portfolio. Other organisations have produced guidance about mental health services and COVID-19. For example the Royal College of Psychiatry have produced COVID-19: Guidance for clinicians. This provides links to guidance for mental health professionals about managing patients during the pandemic in different mental health settings including the community. The Department of Health and Social Care have produced Hospital discharge service: policy and operating mode which sets out how health and care systems should support the safe and timely discharge of people who no longer need to stay in hospital. Also it should be noted that recommendations 1.6.4 to 1.6.9 in NG53 which make recommendations about discharge planning best practice including patient follow-up timescales, still apply in a rapid discharge situation. Thank you for your comment on testing for coronavirus infection. Other organisations have produced guidance about discharge planning during COVID-19. For example the Department of Health and Social Care's guidance on Hospital discharge service: policy and operating model, contains advice on testing. This includes 'action cards' which state: 'Due to COVID-19, everyone being discharged to a care home must be tested for Coronavirus and, irrespective of test result, will need to be isolated in that setting'.

Royal College of Nursing	Yes	Transition and leave to and from hospital are currently more difficult than usual because of COVID. Although, this has been acknowledged – the guidelines need to be updated because of COVID-19. It is very important to discuss and mention personal protective equipment (PPE), particularly when transferring service users to care homes. Care homes should ensure that all service users are protected by monitoring temperature, recent COVID-19 diagnosis and need to mention social distancing and organisational/ environmental changes needed. Training for home care staff is limited due to COVID restrictions. For example, very limited face to face training re management of challenging behaviour/ breakaway techniques is happening; this may limit or delay the start of home care packages for people discharged to the community. Home care is stretched to capacity due to the pandemic and inpatient staff may be able to further support safe discharge with a comprehensive documented handover and potentially providing training to home care agencies.	Thank you for your comments about transition during the COVID pandemic. We plan to look at NICE mental health guidelines as a whole, in order to explore the implications of the long term plan and other system drivers including the impact of COVID-19 on our mental health portfolio. Other organisations have published guidance about PPE and care homes. For example, the Department of Health and Social Care's guidance on Hospital discharge service: policy and operating model contains 'action cards' which state: 'Due to COVID-19, everyone being discharged to a care home must be tested for Coronavirus and, irrespective of test result, will need to be isolated in that setting'. They have also published COVID-19: how to work safely in care homes.
Royal College of Paediatrics and Child Health	Yes	Mental illness is the next wave of the pandemic but across the globe health care systems are not designed to deal with this crisis. Overnight transition to tele-medicine has accentuated the disparity in health care systems leading to a wide gap in service. Mental health of health care workers has been affected personally, ethically and financially. Though suffering from	Thank you for your comments and for sharing these references. We will raise the issues and evidence you have highlighted around the growth and use of telemedicine in psychiatric care as a result of the pandemic with colleagues working on COVID-19 guidelines. We also note your comments about the mental health of health care workers during the continuing pandemic. We will discuss this with

		serious mental illness, homelessness, co morbidities such as learning disabilities are at higher risk of contracting COVID 19 infection resulting in medical complications and psychiatric destabilisation. The risk of substance abuse, domestic violence and suicide has increased. The following should be considered: Tightening of admissions criteria especially for voluntary admissions Access to care, quality and the way care itself is delivered should be modified. The smaller unmet needs of the vulnerable population should be addressed. Regulations around tele-health and tele-medicines should be studies and altered. Though various tools related to tele-medicines have been in use, there are multiple legal and policy related reasons as to why they have not been integrated widely. For professionals, mandatory training should be implemented to utilise these sources. Transition to virtual modalities has challenged many patients. Hybrid model of consultations, tele-psychiatric consultations and the use of virtual space is here to stay. References: 1. "COVID 19 is catalysing the adoption of tele-neurology". Klein, Busis. Neurology 2020 2. "COVID 19 pandemic: impact on psychiatric care in the US". Ennel Bojdani, Aishwarya Rajagopalan. Psychiatry Research. 2020 3. "Challenges faced by mental health providers and patients during COVID 19 pandemic due to	colleagues working on COVID-19 guidelines who will consider whether the mental health of healthcare workers should be considered as a new topic for a COVID-19 guideline. We also plan to look at NICE mental health guidelines as a whole, in order to explore the implications of the long term plan and other system drivers including the impact of COVID-19 on our mental health portfolio. It may be useful for you to know that other organisations have produced guidance about the mental health of healthcare workers. For example, the Royal College of Psychiatrist's COVID-19: Guidance for clinicians includes guidance on the wellbeing and support of healthcare staff in mental health settings. Thank you for your comments about telemedicine and for sharing these articles. The impact on mental health services of telemedicine and digital technologies during the pandemic highlighted by the papers you have shared is noted. We will share these papers, your comments about continuity of care and a need to look at the evidence around telemedicine with colleagues in the COVID-19 team. It may be helpful to know that other organisations have produced guidance about the use of telemedicine during the pandemic. For example the Royal College of psychiatrists has produced Digital - COVID-19 guidance for clinicians about the delivery of remote consultations and service delivery using digital technologies. This includes links to NHS England and NHS Improvement (NHSE&I) legal guidance on the application of digital technology to the Mental Health Act.

		technological barriers". Rashi Ojha, Saba Syed. Internet interventions. 2020 • There are also challenges of ensuring continuity of care: • Problems with medications and management • Increased risk to self and others • Poor information sharing between services leading to gaps and duplication • Coordinating care • Post Discharge homelessness • Reducing readmission • Preventing suicide • Miscommunication and lack of shared knowledge • Primary carer burnout It is thus important to identify and synthesise the evidence base for "interventions" that aim to improve discharge from the hospital ward to the community. Components for the "interventions" should be delivered both prior to discharge and shortly after discharge 1. Critical Time Intervention 2. Transitional Discharge Model 3. Contact Based Interventions e.g. Technology Based Intervention 4. Role Based Interventions 5. Educational Interventions	

		6. Whole Care Pathway Interventions 7. Multi Component Model Interventions Thus, a proper structured early discharge plan, early education and a more structured approach to implementing interventions and proper communications are key elements to success.	
Royal College of Psychiatrists		The Royal College of Psychiatrists in collaboration with NHS England and NHS Improvement has produced extensive guidance for the current COVID-19 situation. Details of the guidance, much of it which is relevant to NG53, can be found here: https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians	Thank you for sharing this link which links to resources and guidance to support mental health practitioners during the pandemic. We will share these resources with colleagues in the NICE COVID-19 team and discuss if cross-referrals can be made to them from relevant COVID-19 guidelines. We recommend that you also submit these to NICE's endorsement team for consideration as potential NICE implementation tools. More information about endorsement and how to submit can be found on NICE's endorsement page. We also plan to look at NICE mental health guidelines as a whole, in order to explore the implications of the long term plan and other system drivers including the impact of COVID-19 on our mental health portfolio.
NHS England and NHS Improvement	Yes	The need to ensure that reasonable adjustments are in place to facilitate access to services and care pathways.	Thank you for your comments. We plan to look at NICE mental health guidelines as a whole, in order to explore the implications of the long term plan and other system drivers including the impact of COVID-19 on our mental health portfolio.

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