Transition between inpatient mental health settings and community or care home settings

NICE quality standard

Draft for consultation

March 2017

This quality standard covers the period before, during and after a person is admitted to, and discharged from, a mental health hospital. It includes transitions for children, young people and adults between mental health hospitals and their own homes, care homes or other community settings.

It is for commissioners, service providers, health, public health and social care practitioners, and the public.

This is the draft quality standard for consultation (from 10 March to 7 April 2017). The final quality standard is expected to publish in August 2017.

Quality statements

Statement 1 People admitted to an inpatient mental health setting have access to advocacy services.

Statement 2 People admitted to inpatient mental health settings outside the area in which they live have regular reviews of their placement.

Statement 3 People discharged from an inpatient mental health setting have their care plan sent to everyone identified in it as involved in their ongoing care within 24 hours.

Statement 4 People discharged from an inpatient mental health setting are followed up within 48 hours if a risk of suicide has been identified.

NICE has developed guidance and a quality standard on service user experience in adult mental health services (see the NICE pathway on service user experience in adult mental health services), which should be considered alongside these quality statements.

A full list of NICE quality standards is available from the quality standards topic library.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.

Question 4 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Questions about the individual quality statements

Question 5 For draft quality statement 2: NICE guideline NG53 recommends that out of area placements should be reviewed at least every 3 months. Given the intention to eliminate out of area placements for acute inpatient mental health care by no later than 2020/21 as part of the 5 year forward view, can you suggest a time frame that would help improve the quality of care for people in out of area placements and move towards achieving this?

Question 6 For draft quality statement 4: NICE guideline NG53 recommends that everyone discharged from an inpatient mental health setting should have a follow-up within 7 days, or within 48 hours if a risk of suicide is identified at preparation for discharge. How would risk of suicide be identified to support measurement of a quality statement?

Quality statement 1: Access to advocacy services

Quality statement

People admitted to an inpatient mental health setting have access to advocacy services.

Rationale

Having an advocate helps people to make their views and wishes heard. It is important that people are told about advocacy services on admission to an inpatient mental health setting so that they can be involved in their own care throughout their hospital stay.

Quality measures

Structure

a) Evidence of local arrangements to provide advocacy services for people admitted to an inpatient mental health setting.

Data source: Local data collection, for example, hospital admission protocols.

b) Evidence of local arrangements to promote advocacy services to people admitted to an inpatient mental health setting.

Data source: Local data collection, for example, hospital admission protocols.

Process

a) Proportion of admissions to an inpatient mental health setting for which information is provided on admission about support available from advocacy services.

Numerator – the number in the denominator for which information is provided on admission about support available from advocacy services.

Denominator – the number of admissions to an inpatient mental health setting.

Data source: Local data collection, for example, an audit of case notes.

b) Number of people admitted to inpatient mental health settings who receive support from advocacy services.

Data source: Local data collection, for example, an audit of case notes.

Outcome

a) Feedback from people using inpatient mental health services that they have been able to access advocacy services.

Data source: Local data collection, for example, local patient surveys.

b) Feedback from people using inpatient mental health settings that they have been sufficiently involved in decisions about their care and treatment.

Data source: Local data collection, for example, local patient surveys. See also NHS Surveys for an example of a mental health acute inpatient local survey.

What the quality statement means for different audiences

Service providers (inpatient mental health settings) ensure that advocacy services are available to people on admission and that they are told how to access them.

Health and social care practitioners (the admitting team) ensure that they discuss advocacy services with people on admission to an inpatient mental health setting and tell them how to access services if they want to.

Commissioners (clinical commissioning groups and local authorities) ensure that people admitted to an inpatient mental health setting are offered advocacy services on admission. They also ensure they commission adequate advocacy services.

People who are admitted to hospital for a mental health problem are told how they can get support from an independent advocacy service, if they want to. An advocate can help people get the information they need to make choices about their care and can help them to get their views across.

Source guidance

Transition between inpatient mental health settings and community or care home settings (2016) NICE guideline NG53, recommendation 1.3.4

Equality and diversity considerations

Advocacy services should take into account people's language and communication needs, cultural and social needs, and other protected characteristics.

Quality statement 2: Out-of-area admissions

Quality statement

People admitted to inpatient mental health settings outside the area in which they live have regular reviews of their placement.

Rationale

People admitted to an inpatient mental health setting outside of the area in which they live are particularly vulnerable to delayed discharges because case management and assessment of readiness for discharge is more difficult to deliver. Staying longer in hospital than necessary can make it harder for people when they are discharged because they may have become dependent on inpatient care, have had personal relationships damaged or have lost jobs or housing. Named practitioners from the person's home area and the inpatient ward can work together to ensure the placement is reviewed regularly, so that it does not last longer than necessary.

Quality measures

Structure

Evidence of local arrangements to ensure that people admitted to an inpatient mental health setting outside the area in which they live have a regular review of their placement.

Data source: Local data collection, for example, hospital policies and procedures.

Process

Proportion of out of area placements in inpatient mental health settings for which there is a regular review of the placement.

Numerator – the number in the denominator for which there is a regular review of the placement.

Denominator – the number of out of area placements in inpatient mental health settings.

Data source: Local data collection, for example, from hospital patient records.

Outcome

a) Number of active out-of-area placements in inpatient mental health settings.

Data source: NHS Digital's Out of area placements in mental health services reports.

b) Length of stay in out-of-area placements in inpatient mental health settings.

Data source: NHS Digital's Out of area placements in mental health services reports.

What the quality statement means for different audiences

Service providers (inpatient mental health settings) ensure that all people in out of area placements have named practitioners from the ward and the person's home area to review the placement regularly.

Health and social care practitioners (a named practitioner from the person's home area and a named practitioner from the ward) work together to ensure that people admitted to inpatient mental health settings outside the area in which they live have their placement reviewed regularly.

Commissioners (clinical commissioning groups) ensure that they commission services in which people admitted to inpatient mental health settings outside the area in which they live have their placement reviewed regularly.

People who are admitted to a hospital for a mental health problem outside the area where they live have a regular review of how their placement is going, to make sure they are not kept in hospital for longer than they need to be.

Source guidance

Transition between inpatient mental health settings and community or care home settings (2016) NICE guideline NG53, recommendation 1.3.11

Definitions of terms used in this quality statement

Outside the area in which people live

An 'out-of-area placement' for acute mental health inpatient care happens when a person with assessed acute mental health needs who requires mental health acute inpatient care, is admitted to a unit that does not form part of the usual local network of services. This is an inpatient unit that does not usually admit people living in the catchment of the person's local community mental health service and where the person cannot be visited regularly by their care coordinator to ensure continuity of care and effective discharge planning. [Department of Health, Out of area placements in mental health services for adults in acute inpatient care]

Placement review

Named practitioners from the person's home area and the ward should work together to ensure that the person's current placement lasts no longer than required. This should include reviewing the person's care plan, current placement, recovery goals and discharge plan. Review should be carried out either in person or by audio or videoconference. [NICE's guideline on transition between inpatient mental health settings and community or care home settings, recommendation 1.3.11.]

Question for consultation

NICE guideline NG53 recommends that out of area placements should be reviewed at least every 3 months. Given the intention to eliminate out of area placements for acute inpatient mental health care by no later than 2020/21 as part of the 5 year forward view, can you suggest a time frame that would help improve the quality of care for people in out of area placements and move towards achieving this?

Quality statement 3: Communication on discharge

Quality statement

People discharged from an inpatient mental health setting have their care plan sent to everyone identified in the plan as involved in their ongoing care within 24 hours.

Rationale

Sharing a person's care plan with people who will be involved in their ongoing care (as agreed by the person and identified in their care plan) at the point at which they are discharged from inpatient mental health settings helps to make sure agreed plans are carried out and treatment continued. This reduces the risk of avoidable harm to the person, as well as avoidable readmissions.

It is important that people are involved in developing their own care plan (see quality statement 8 in the quality standard on service user experience in adult mental health services).

Quality measures

Structure

Evidence of local arrangements to ensure that people discharged from an inpatient mental health setting have their care plan sent to everyone identified in it as involved in their ongoing care within 24 hours.

Data source: Local data collection, for example, hospital discharge protocols.

Process

Proportion of discharges from an inpatient mental health setting where the person's care plan is sent to everyone identified in it as involved in their ongoing care within 24 hours.

Numerator – the number in the denominator in which the person's care plan is sent to everyone identified in it as involved in their ongoing care within 24 hours.

Denominator – the number of discharges from an inpatient mental health setting.

Data source: Local data collection, for example, a review of patient notes.

Outcome

a) People's experience of discharge from inpatient mental health settings.

Data source: Local data collection, for example, local patient surveys.

Outcome

b) Readmissions to inpatient mental health services within 30 days of discharge.

Data source: Data on unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 and over are available from the NHS Digital Indicator Portal as part of the clinical commissioning group outcomes indicator set – indicator 3.16.

What the quality statement means for different audiences

Service providers (inpatient mental health settings) ensure that systems are in place so that people discharged from the setting have their care plan sent to everyone identified in it as involved in their ongoing care within 24 hours.

Healthcare practitioners (mental health practitioners) work with people admitted to an inpatient mental health setting to identify people who will be involved in the person's care and send a copy of the care plan to them within 24 hours of their discharge.

Commissioners (clinical commissioning groups) ensure that there are information systems between secondary and primary care for care plans of people being discharged from an inpatient mental health setting to be sent to everyone identified in the plan as involved in their ongoing care within 24 hours.

People leaving hospital after inpatient treatment for a mental health problem have a care plan for staying as well as possible in future, that they have helped to put together. The plan includes their recovery goals, how to cope with symptoms, what to do in a crisis, their medicines and treatment, and any work, training, learning or social activities. Their mental health practitioner should make sure a copy of this

plan is sent to everyone who will be involved in supporting them, within 24 hours of their discharge.

Source guidance

Transition between inpatient mental health settings and community or care home settings (2016) NICE guideline NG53, recommendation 1.6.3

Definitions of terms used in this quality statement

Care plan

A care plan for discharge from an inpatient mental health setting is based on the principles of recovery and describes the support arrangements for the person after they are discharged. It should include:

- possible relapse signs
- recovery goals
- who to contact
- where to go in a crisis
- budgeting and benefits
- handling personal budgets (if applicable)
- social networks
- educational, work-related and social activities
- details of medication (see the recommendations on medicines-related communication systems in NICE's guideline on medicines optimisation)
- details of treatment and support plan
- physical health needs including health promotion and information about contraception
- date of review of the care plan.

[NICE's guideline on transition between inpatient mental health settings and community or care home settings, recommendation 1.5.20]

Everyone involved in a person's care

People involved in providing support to the person at discharge from an inpatient mental health setting and afterwards should be listed in the care plan. This is likely to

include the person's GP, community mental health teams (including crisis teams) and carers.

[Adapted from NICE's guideline on transition between inpatient mental health settings and community or care home settings, recommendation 1.5.20 and expert opinion]

Quality statement 4: Suicide risk

Quality statement

People discharged from an inpatient mental health setting are followed up within 48 hours if a risk of suicide has been identified.

Rationale

Mental health practitioners should assess people's risk of suicide when preparing for discharge. People discharged from an inpatient mental health setting should all receive a follow-up within 7 days, however if assessment has identified that they might have an increased risk of suicide, they should have a follow up within 48 hours to identify any further support they may need. Further support could involve a Mental Health Act assessment, access to a crisis service or other community support.

Quality measures

Structure

Evidence of local arrangements to ensure that people discharged from an inpatient mental health setting are followed up within 48 hours if a risk of suicide has been identified at preparation for discharge.

Data source: Local data collection, for example, hospital discharge protocols.

Process

Proportion of discharges from an inpatient mental health setting in which people are followed up within 48 hours of discharge if a risk of suicide has been identified at preparation for discharge.

Numerator – the number in the denominator who are followed up within 48 hours of discharge.

Denominator – the number of discharges from an inpatient mental health setting of people with an identified risk of suicide at preparation for discharge.

Data source: Local data collection, for example, an audit of case notes or care plans.

Outcome

Suicide in people recently discharged from inpatient mental health settings.

Data source: National numbers of suicides within 3 months of inpatient discharge are published in the University of Manchester's National confidential inquiry into suicide and homicide by people with mental illness reports.

What the quality statement means for different audiences

Service providers (inpatient mental health settings) ensure that they assess people being discharged from an inpatient mental health setting to identify any risk of suicide and incorporate this into care planning. They ensure people are followed up within 48 hours of discharge if a risk of suicide is identified.

Healthcare practitioners (mental health practitioners) follow up people within 48 hours of discharge from an inpatient mental health setting if a risk of suicide has been identified at preparation for discharge.

Commissioners (clinical commissioning groups) ensure that they commission services in which people discharged from an inpatient mental health setting are followed up within 48 hours if a risk of suicide has been identified at preparation for discharge.

People leaving hospital after inpatient treatment for a mental health problem are contacted by someone from their care team to check how they are doing within 48 hours of their discharge, if the team are worried that the person may not be coping well or may harm themselves.

Source guidance

Transition between inpatient mental health settings and community or care home settings (2016) NICE guideline NG53, recommendation 1.6.8

Equality and diversity considerations

Housing needs should be discussed before discharge and plans for accommodation made to avoid people becoming homeless, because follow-up may be more difficult for people who are homeless.

Question for consultation

NICE guideline NG53 recommends that everyone discharged from an inpatient mental health setting should have a follow-up within 7 days, or within 48 hours if a risk of suicide is identified at preparation for discharge. How would risk of suicide be identified to support measurement of a quality statement?

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Information about how NICE quality standards are developed is available from the NICE website.

See quality standard advisory committees on the website for details of standing committee 1 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the quality standard's webpage.

This quality standard has been incorporated into the NICE pathway on transition between community or care home and inpatient mental health settings.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

- people's experience of hospital care
- length of stay
- hospital readmissions within 30 days of discharge
- delayed transfers of care
- suicide rates.

It is also expected to support delivery of the Department of Health's outcome frameworks:

- Adult social care outcomes framework 2015–16
- NHS outcomes framework 2016–17
- Public health outcomes framework for England, 2016–19.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. The resource impact for the NICE guideline on transition between inpatient mental health settings and community or care home settings was not expected to be significant.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and equality assessments are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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