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Data sources

- The data included in this report has come from 2 different sources from the NHS Benchmarking Network’s work programme.
- The first source is the Mental Health Benchmarking project. This covers 53 NHS Trusts and Foundation Trusts in England and 4 Local Health Boards in NHS Wales providing mental health services. The review is the largest analysis of mental health provision ever undertaken in the NHS and provides insight about the range of mental health service provision across the NHS. This benchmarking project has provided a robust and up-to-date resource of mental health data for use by participants. It is used alongside a desktop software toolkit for participants, which enables further drill-down of benchmarking results. The report profiles the crisis pathway and includes comparisons of services provided, activity, finance, the mental health workforce and a wide range of quality markers.
- The NHS Benchmarking Network’s mental health benchmarking project is now in it’s 2nd iteration, and covers full year positions for the period of 2012/13. It is intended to run this project again in 2014 with the data collection covering the 2013/14 period (phase 3).
- The data has been validated with providers and the final positions reported have been agreed and signed off by participants. The project was shaped, developed and overseen by the Mental Health Reference Group to ensure the outputs were fit for purpose and of practical use for participants.
- The second data source is the Urgent Care Commissioner benchmarking project, where Commissioners were asked to provide benchmarking data across a wide range of metrics, and within this specifically provide data on CRHTs and on Out of Hours (OOHs) psychiatry and A&E liaison. This data has been extracted for this report. 42 Commissioners took part in this benchmarking project.
- The Urgent Care Commissioner benchmarking project also reports full year positions for 2012/13. Again, this data had been fully validated and signed off with participants.
- It is worth noting that when reviewing the benchmarking the results, the Mental Health benchmarking project is Provider based whereas the Urgent Care Commissioner project is Commissioner based. Data from providers tends to be more comprehensive with a risk the commissioner based data is incomplete and understates actual levels of activity and investment.
Executive summary

• Mental health (Provider) project: crisis pathway-
  – Using waits as a proxy measure for access into CRHT, a third of respondents report 100% compliance with a 4 hour wait for urgent appointments. An average of 78% of service users were seen within 4 hours across the sample range. 94% of service users were seen by the CRHT team within 24 hours.
  – 90% of referrals to the CRHT team were then accepted into the service, suggesting that the vast majority of referrals were appropriate. It is unclear from the NHSBN study where the remaining 10% of patients were then signposted.
  – The average DNA rate was 5.5% which is as expected for these services (and lower than DNA rates reported for other community mental health teams).
  – CRHT teams are largely comprised of CPNs (averaged at 57% of total workforce) and MHPs (averaged at 5.9%). Support workers comprise the next biggest staff group (15%) with administrative staff surprisingly comprising 7% of the total. Psychiatry is relatively under-represented in the CRHT team staff make-up at just 6% of the total. Band 6 staff comprise by far the largest staff banding allocated to the CRHT reflecting the high levels of CPNs attached to CRHT teams.
  – Activity and Finance information, although benchmarked, shows a huge variation in both investment levels and hence activity levels. This may make the interpretation of these results difficult without some local interpretation of the results. Benchmarked against a denominator of 100,000 registered population, average costs per 100,000 population are reported at £860k. Costs per contact are benchmarked at £167 and average activity levels are benchmarked at 6,139.
  – Data from the mental health desktop toolkit confirms that an average of 27% of patients referred to CRHTs were admitted to an inpatient bed following assessment during 2012/13.

• Urgent Care (Commissioner) project:-
  – 100% of respondents reported commissioning a CRHT team and 91% of commissioners have commissioned psychiatry out of hours rota/A&E liaison services.
  – Wide variation in investment and activity levels are reported at the Commissioner level.
Mental health benchmarking project (Provider)

Raising standards through sharing excellence
Access – CRHT waiting times (routine)

The average waiting time in weeks for a routine appointment with CRHT was 0.8 weeks, whilst the median was 0.5 weeks.

The upper and lower quartiles were 1 and 0.1 weeks respectively.
Access – CRHT waiting times (urgent)

The average waiting time in days for an urgent appointment with CRHT teams was 1.7 days. This value was slightly higher than the median of 1 day due to variance in the number of days reported.

The upper and lower quartiles were 1.5 and 1 days respectively.

CRHT – Waiting time in days for urgent appointment as at 31/3/13
Referrals made - CRHT

The average number of referrals made to CRHT teams per 100,000 registered population was 1,124.

The median was 936 referrals, whilst the upper and lower quartiles were 1,202 and 693 respectively.
Referrals accepted - CRHT

The average number of referrals accepted by the CRHT teams per 100,000 registered population was 934.

The median was 832 referrals, whilst the upper and lower quartiles were 978 and 556 respectively.
Referrals - % accepted

The average percentage of referrals accepted by the CRHT teams was 90.1%.

The median was 96.7% referrals, whilst the upper and lower quartiles were 99.6% and 88.8% respectively.
The profile of the acceptance of referral for each source type is shown on the right. The acceptance rates are as follows:

Primary Care (GP & other) - 86.73%
Self and Carer - 78.78%
Local Authority including Social Worker - 90.57%
Employer - 76.92%
Justice system – 90.7%
Child Health – 84.85%
Independent / Voluntary sector - 91.18%
Acute Secondary Care - 85.15%
Other Mental Health Trust - 92.35%
Internal referrals from other CMHT in same Trust – 94.34%
Internal referral from Inpatient service in same Trust – 96.84%
Transfer by graduation within same Trust - 95.85%
Other - 87.45%
Caseload - CRHT

The caseload for CRHTs as at 31/3/13 averaged 221 service users, with a range of 20 to 1,028.

The median number of service users was 180, whilst the upper and lower quartiles were 315 and 73 service users respectively.

Caseloads are acknowledged to be problematic as an accurate metric for CRHTs given that many service users stay with CRHTs for a short period.
The average percentage of CRHT caseload managed on the Care Programme Approach was 49% across all participants.

The median value was 42.5%, whilst the upper and lower quartiles were 68.43% and 27.18% respectively.

Some Trusts operate a 100% CPA basis as their CRHT caseload management policy.
Activity – CRHT contacts

The average number of contacts per 100,000 registered population for CRHTs was 6,139. The median was slightly lower at 6,076.

The upper and lower quartiles were 7,196 and 4,565 respectively.
Activity – CRHT F2F contacts

The average number of face to face contacts per 100,000 registered population for CRHTs was 4,440. The median was slightly lower at 4,048.

The upper and lower quartiles were 5,533 and 2,882 respectively.
Activity – CRHT DNA rates

The average DNA rate for CRHT teams was 5.5%, with a much lower median value of 3.9%.

The upper and lower quartile values were 8% and 2.6% respectively.
Workforce – CRHT staff groups

The staff groups within CRHT teams have a greater proportion of community psychiatric nurses than all other community teams averaging 57.25% of the workforce. Other staff groups within CRHT’s averaged as follows:

- Social Workers - 3.32%
- Occupational Therapists (OT) - 2.23%
- Clinical Psychologists - 0.40%
- Psychiatry – Consultant - 2.96%
- Psychiatry – Other - 3.21%
- Support Workers - 14.53%
- Mental Health Practitioners - 5.90%
- Team Manager - 2.40%
- Admin support - 7.00%
- Other - 0.80%
Workforce – CRHT skill mix

The skill mix within CRHT teams has a greater proportion of band 6 employees than other bandings. This aligns with the CPN core workforce profiles of CRHTs. The skill mix within CRHT’s averaged as follows:

- Band 2 - 0.89%
- Band 3 - 16.67%
- Band 4 - 6.38%
- Band 5 - 9.87%
- Band 6 - 47.17%
- Band 7 - 8.49%
- Band 8a - 1.44%
- Band 8b - 0.22%
- Band 8c - 0.11%
- Consultant - 2.84%
- Other Medical - 3.22%
- Other - 2.71%
Finance – CRHT costs per 100,000 population

The total costs of CRHT services have been assessed using a costing model that includes direct costs plus an additional contribution for corporate costs and overheads. This data was supplied in aggregate form by participating organisations.

Costs are reported at a mean level of £859,695 per 100,000 population.

The range evident within the data demonstrates different service models and investment levels by participating Trusts and Health Boards.
Finance – CRHT direct costs

The total direct costs per patient on CRHT caseloads (excluding overheads and corporate costs) varies across all trusts with a range of £2,896 to £112,550 (This position clearly requires further validation with participants). The average cost per patient is £31,910, whilst the median is £25,961.

The upper and lower quartiles are £43,062 and £12,535 respectively.

These metrics should be treated with caution due to the artificially low caseload numbers reported by CRHTs as many patients have only short-term contact before being transferred to wards or other community teams.
Finance – CRHT costs per contact

The total direct cost per contact (includes face to face and non face to face contacts) varies across all trusts with a range of £16 to £296. The average cost per contact is £123, whilst the median is £115.

The upper and lower quartiles are £162 and £75 respectively.
Finance – CRHT costs F2F contact

The total direct cost per face to face contact (excludes overheads and corporate costs) varies across all trusts with a range of £53 to £362. The average cost per contact is £163, whilst the median is £148.

The upper and lower quartiles are £201 and £104 respectively.
Quality – CRHT 4 hour wait

The average percentage of crisis patients seen by CRHT teams within 4 hours was 78.4%. The median was significantly higher at 85.6% as the range varied from 37% to 100%.

The upper and lower quartiles for this measure were 100% and 58.4% respectively.
Quality – CRHT 24 hour wait

The average percentage of crisis patients seen by CRHT teams within 24 hours was 94.2%. The median was significantly higher at 100%. The range varied from 79% to 100%.

The upper and lower quartiles for this measure were 100% and 91.3% respectively.
Quality – CQC patient survey

The average CQC patient satisfaction score for CMHTs was 70.48%. This converged with the median value of 70%.

The upper and lower quartiles reported for this measure were 75% and 67% respectively.

Note that this score is representative for generic CMHTs rather than CRHTs.
Urgent Care Benchmarking (Commissioner)

Raising standards through sharing excellence
Commissioner Urgent Care Metrics

- The previous section provided benchmarking metrics from the NHSBN mental health project.
- This section gives detailed benchmarking metrics covering access, activity, finance and workforce from the NHSBN commissioning urgent care project.
- The information within this section is benchmarked on registered populations for CCG footprint. The benchmarks in this section differ from the previous section as this is based on services commissioned for a given population rather than a provider perspective. These benchmarking metrics represent a smaller section of the wider urgent care benchmarking project.
Services commissioned – mental health urgent care

100% of commissioners involved in the urgent care benchmarking exercise have stated that they commission a CRHT service.

91% of commissioners have commissioned out of hours rotas/A&E liaison services.

65% of commissioners have commissioned other mental health response services.
The average number of OOH psychiatry and A&E liaison contacts per 100,000 registered population for CCGs is 504. The median position is 334. However, there is wide variation reported in activity levels from 38 to 1,810 contacts per 100,000 registered population, potentially reflecting different investment levels and different service models commissioned.
Access – hours of availability crisis resolution

The average hours of availability per week for crisis resolution services was 130 hours.
The median value for the sample was 168 hours.
The majority of the responders reported that they were open for a maximum 168 hours per week. Less than half the respondents in the sample were open for 98 hours per week or less.
Access – hours of availability OOHs psychiatry and A&E liaison

The average hours of availability per week for crisis resolution services was 117 hours.
The median value for the sample was 168 hours.
The majority of the responders reported that they were open for a maximum of 168 hours per week. Only 4 respondents reported that they were open for 40 hours or less per week.
Activity - CRHT

The average number of CRHT contacts per 100,000 registered population for CCGs is 2197. This differs from provider activity provided as part of the mental health project because this is commissioned on a geographical population basis. The median position is 1793. There is wide variation reported in activity levels from 171 to 4,624 contacts per 100,000 registered population.
The average cost per 100,000 registered population for CRHTs as notified by CCGs is £575k. The median position is £423.5k. However, there is wide variation reported in costs from £181k to £987k per 100,000 registered population. Again, this may reflect different service models commissioned.

It should be noted that the investment levels reported in the provider section of this report differ from those identified by commissioners.
Finance – OOH psychiatry and A&E liaison

The average cost per 100,000 registered population for OOHs psychiatry and A&E liaison as notified by CCGs is £99k. The median position is £67.8k. However, again, there is wide variation reported in costs from £11.5k to £412.5k per 100,000 registered population. Again, this may reflect different service models commissioned, and may account for the outliers at either end of this benchmarking metric.