healthwatch
Richmond upon
Thames

Adult Mental Health Service Transformation

Phase 2 - During Transformation

Contents

Introduction

Background

The community mental health transformation programme is an initiative across England that aims to address the long- term challenges faced in NHS mental services:

- Historic underinvestment
- Variation in treatments
- Fragmented care pathways
- Multiple assessments
- Increasing demand and longer waiting times
- Staffing issues

South West London and St Georges NHS Mental Health Trust (SWLSTG) has undergone a transformation process to improve their mental health services across Kingston, Richmond, Sutton, Merton and Wandsworth.

SWLSTG has worked with service users, carers, staff and VCSE partners to design a new model of care, centralised around the core principles of community transformation:

- Improved integration with Voluntary, Community & Social Enterprise Sector partners
- A place based holistic support offer
- A "no wrong door" approach to referrals
- Introduction of new roles and skill sets
- Single, trusted assessments
- Removing barriers between primary and secondary care

These core principles underpin the work to achieve the four key outcomes of transformation:

- Access – Increased timely access to a wider range of mental health interventions
- Recovery – Increase in the number of people reaching and maintaining recovery
- Crisis – Reducing the risk of service users relapsing into crisis
- Experience – Improved experience of care and treatment in mental health services for service users, their carers and family.

Healthwatch

Healthwatch Richmond is the independent health and social care champion for services across the London Borough of Richmond. SWLSTG commissioned local Healthwatch to gather experiences of their service users in order to make improvements to their services by putting users at the heart of their care.

Methodology

The review of the transformation has been conducted as a three stage approach:

- Phase 1 - pre-transformation (15th March 2023 - 31st March 2023)
- Phase 2 - during transformation (9th November 2023 - 27th December 2023)
- Phase 3 - post-transformation

This report will **compare** the lived experiences of service users between the **pre-transformation** findings and **during the transformation**.

Before the transformation began, an initial survey was conducted to measure the impact throughout the process. The survey and method were revised based on the learnings, including increasing the sample size and specifying the timeframe and questions ensuring accurate responses were captured for phase 2. Once this was finalised and agreed by SWLSTG, the survey was distributed to a new cohort of people using the service during the transformation to measure the current impact it has made. The final stage will involve publishing a third survey of the three-stage approach to assess the lasting impact post-transformation.

In the initial survey, 41 people completed it. To improve response rates for phase 2, we requested a larger sample size. SWLSTG randomly selected a sample of 400 service users, with contact details provided through a data sharing agreement. We distributed the survey via text message and over the phone, resulting in 77 completed responses. The data collection period ran from 29th November 2023 to 27th December 2023. Some of the phone numbers provided by the Trust were unreachable - the total number of contactable responses are shown below.

		Phase 1		**Phase 2**	
Method	**No. of attempts**	**No. of people**	**Responses**	**No. of people**	**Responses**
Email	1 initial email 2 reminder emails	115	16 (14%)	294	53 (18%)
Text message	1 initial text message 2 reminder messages	170	19 (11%)	218	24 (11%)
Phone call	3 attempts	30	6	8	0

Total response rate	**23%**	**15%**

Findings

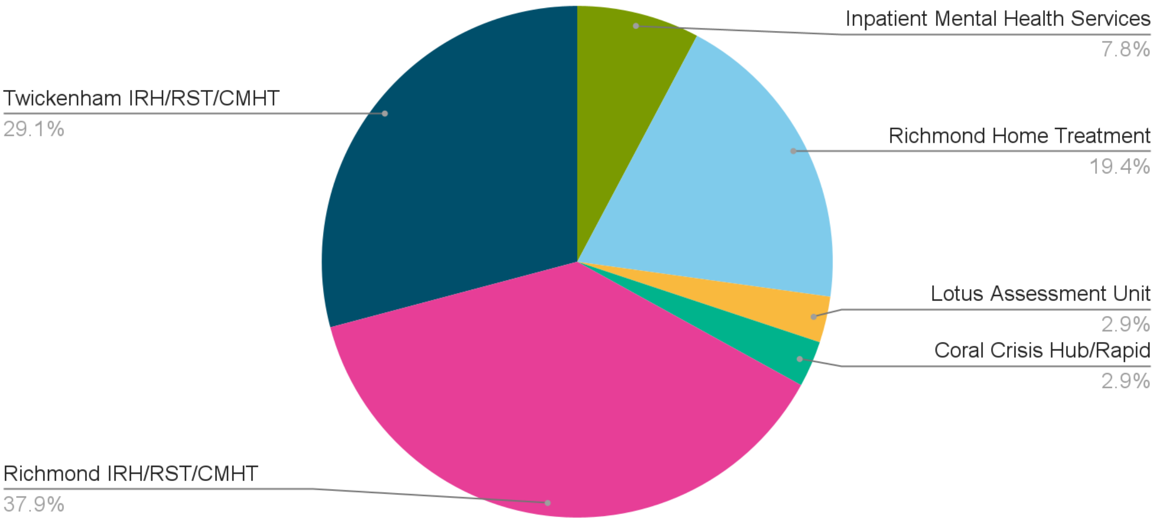
A total number of 77 usable responses were received from service users. A further 32 people clicked on the link to the survey however did not fill in sufficient data and hence, were not included in the analysis.

Question 1 - Type of respondent

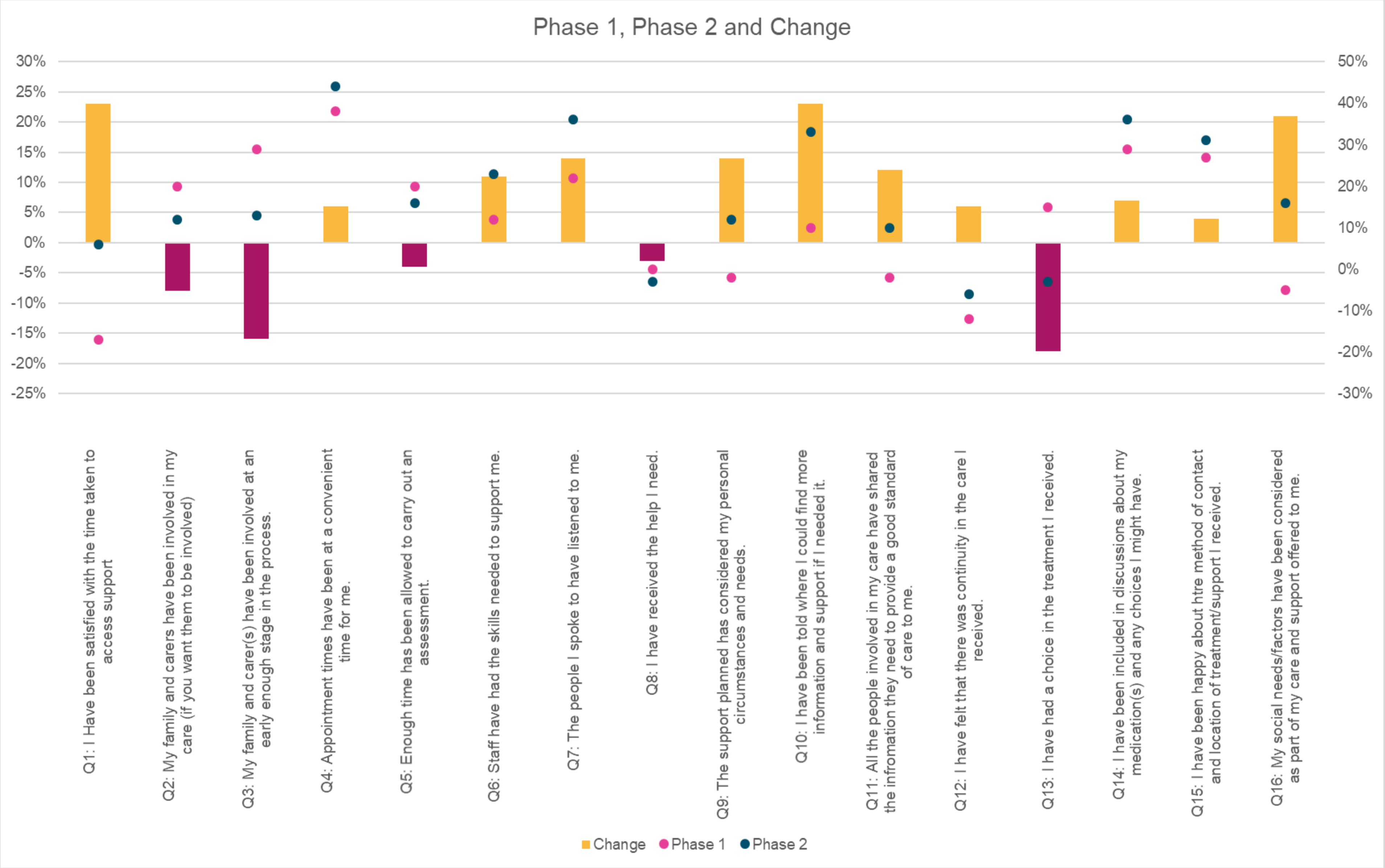
There were two options to fill in the survey; 92% of respondents filled out the survey themselves, while an unpaid carer, friend or family member helped to complete the survey for 12% on behalf of or alongside service users.

Question 2 - Within the past 6 months, which services have you accessed?

In the phase 1 survey, the answer to this question was formatted as a free textbox. It presented many different types of responses which made it difficult to articulate clearly. To help mitigate this in phase 2, we asked SWLSTG to provide a list of services for people to select from. As a result it is not possible to compare phase 1 and 2 for this question. Most service users in the sample stated that they accessed Richmond IRH/REST/CMHT.



Question 3 - Please state how much you agree or disagree with the following statements, focussing on our care within the past 6 months.



The above chart shows the net promoter score and change between phases 1 and 2. The narrative feedback from respondents was consistent with the view given in the above chart. The following tables provide further detail.

Positive changes

Statement	P1	P2	Change
Q1: I have been satisfied with the time taken to access support	-17%	6%	23%
Q10: I have been told where I could find more information and support if I needed it.	10%	33%	23%
Q16: My social needs/factors have been considered as part of my care and support offered to me.	-5%	16%	21%

The statements in the matrix have shown the most notable **positive** changes. The time taken to access support has shown a 23% positive increase in change between the phases, albeit as this was an increase from a negative base so satisfaction remains low.

There was also a 23% positive change stating people know where to find more information and support if they need it. This was well received by service users, as it allowed them to have flexibility in the source of information and support they sought and brings this metric to a positive position.

A 21% increase in social needs/factors being considered as part of care and support offered is also positive to see, as an individual approach is fundamental to mental health support.

Limited improvements

Statement	P1	P2	Change
Q7: The people I spoke to have listened to me.	22%	36%	14%
Q9: The support planned has considered my personal circumstances and needs.	-2%	12%	14%
Q11: All the people involved in my care have shared the information they need to provide a good standard of care to me.	-2%	10%	12%
Q6: Staff have had the skills needed to support me.	12%	23%	11%
Q14: I have been included in discussions about my medication(s) and any choices I might have.	29%	36%	7%
Q4: Appointment times have been at a convenient time for me.	38%	44%	6%
Q12: I have felt that there was continuity in the care I received.	-12%	-6%	6%
Q15: I have been happy about the method of contact and location of treatment/support I received.	27%	31%	4%

It is positive to see there has been a 14% increase in the number of people who feel listened to by clinicians along with a 14% increase in respondents feeling like their personal circumstances and needs have been accounted for.

It is clear there has been an improvement (12% increase) in the level of satisfaction of people involved in sharing information around care. This was specifically raised as a concern in phase 1, mainly due to worries about staff turnovers leading to lack of handover leading to lack of continuity of care.

There was an increase in the number of people stating that they felt the staff had the right skills to support them. Whilst this has improved by a net promoter score of 11%, the improvement is from a low base of 12% and the qualitative data demonstrates that further improvements are necessary. Many respondents provided qualitative suggestions about staff requiring additional training (*see page 22*).

There was a 7% increase in the number of people who felt they had been in discussions around their medication(s) or treatment. Qualitative data, and responses to the statement *'I have had a choice in the treatment I received'* show that whilst more people may be having these discussions, this has not lead to an increase in satisfaction with available treatment options.

There was a 6% increase in the number of people stating that they were happy with the continuity of care. However, this has only improved from -12% to -6%, suggesting that more work needs to be done, as the satisfaction level is generally still rated low. Whilst it is important to acknowledge the change, the numbers are too small for us to reliably state whether or not there has been an improvement.

Finally, there was a marginal increase of 4% in the number of people stating they are happy about the method of contact and location of treatment/support received.

Negative changes

Statement	**P1**	**P2**	**Change**
Q8: I have received the help I need.	0%	-3%	-3%
Q5: Enough time has been allowed to carry out an assessment.	20%	16%	-4%
Q13: I have had a choice in the treatment I received.	15%	-3%	-18%

The number of people who rated that they had received the help they needed was already rated low at 0% in phase 1, it is disappointing to see this has decreased even further by -3%. This is a vital part of the service's goal of supporting people with mental health needs so this is very concerning to note. The number of people who felt enough time had been allowed to carry out an assessment was already low at 20% in phase 1, and has decreased to 16% in phase 2. This may be explained by further detail given by service users about suspected staff shortages, or it may call for a need for the trust to review its processes when carrying out an assessment of needs.

The biggest change was the decrease in the number of people who felt they had a choice in the treatment they received (-18%). This was also highlighted through qualitative data later on in the survey. Some people felt they were limited with treatment options as they were solely offered medication when they felt they could have benefited from psychological therapies, however this may also correlate to the long waiting lists for psychological therapies affecting the ability to identify varied imminent solutions to help people in need.

Carers

Statement	**P1**	**P2**	**Change**
Q2: My family and carers have been involved in my care (if you want them to be involved)	20%	12%	-8%
Q3: My family and carer(s) have been involved at an early enough stage in the process.	29%	13%	-16%

There has been an increase in the number of people selecting 'don't know/Not applicable' as an option for both questions referring to carer and family involvement between phases 1 and 2 (Q2 -12% and Q3 - 16%). As a result, it is not reasonable to conclude that there has been a material change.

Additional for phase 2

Statement*	**P1**	**P2**
Q17: I was satisfied with the support provided to me.	N/A	9%
Q18: The staff caring for me treated me with empathy and kindness.	N/A	54%
Q19: I was satisfied with arrangements for my discharge or transfer out of the service.	N/A	4%

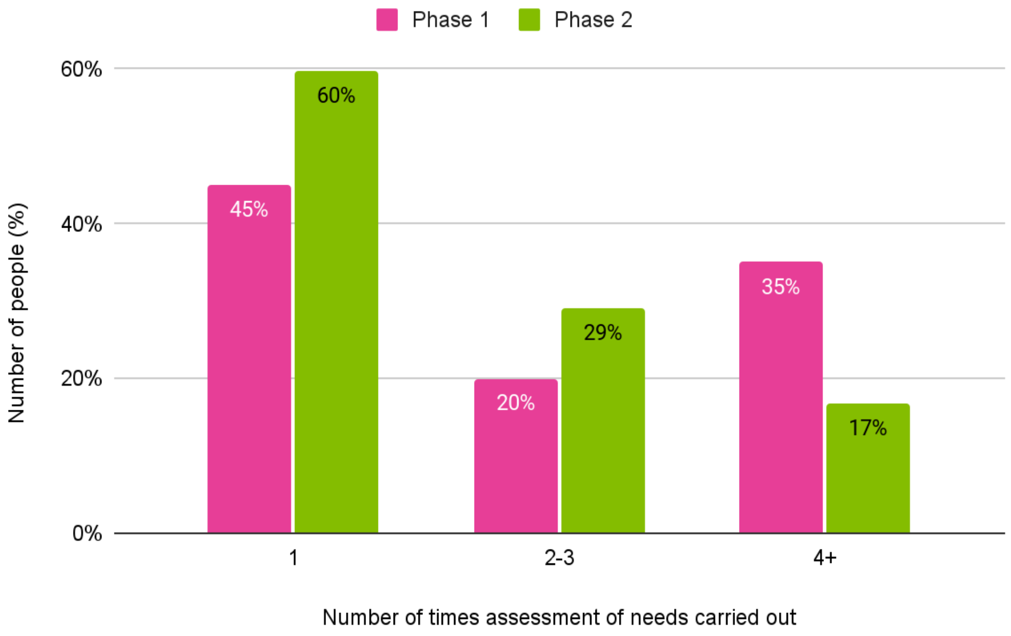
***These questions were added as additional questions for phase 2 and hence, are no phase 1 comparators are provided and they are not included in the chart on page 5..**

For the statement 'I was satisfied with arrangements for my discharge or transfer out of the service', 45% of people selected 'don't know/not applicable' as the answer. This is a large portion and may be due to people not being discharged at the time of the survey, suggesting the cohort needs to be expanded in order to collate responses reflectively.

54% of people stated that staff were caring, treating them with empathy and kindness. This is the highest rated positive response given throughout both phases and is a strong indicator of how passionate and supportive the staff at the Trust are.

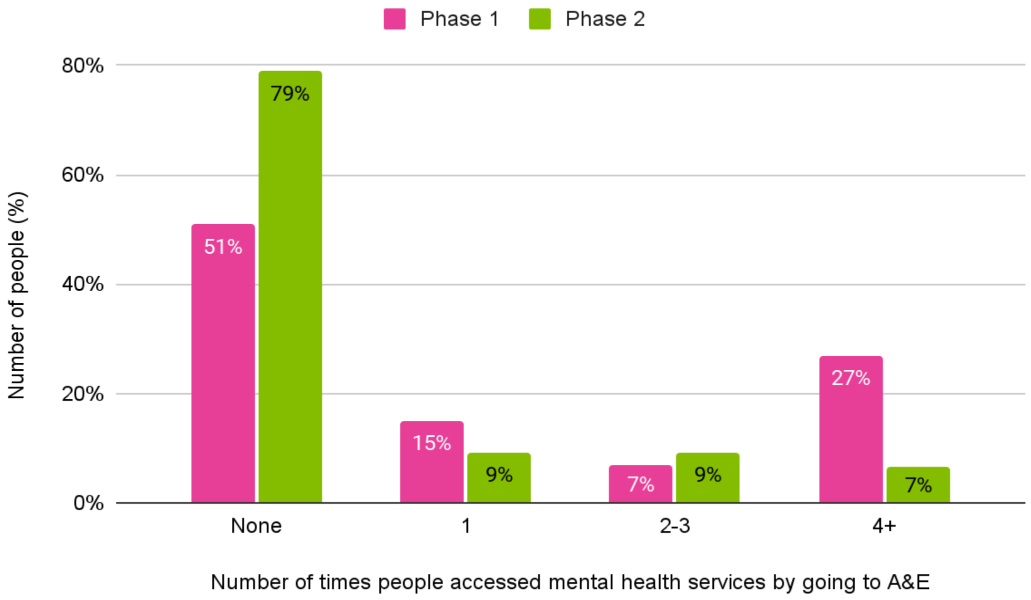
Question 4 - How many times did the service carry out an assessment of your needs over the past 6 months?

72 people answered this question. The proportion of people who had one assessment of their needs increased from 45% in phase 1 to 60% in phase 2. This is the same pattern presented for people who had 2-3 assessments of needs carried out, which increased from 20% to 29%. There was a decrease in the percentage of people who had 4+ assessments from phase 1 (35%) to phase 2 (17%). While it could be argued this shift is due to the positive impact of the transformation, the situation-dependent nature requires further detail about the appropriate number of assessments for the individual's needs.



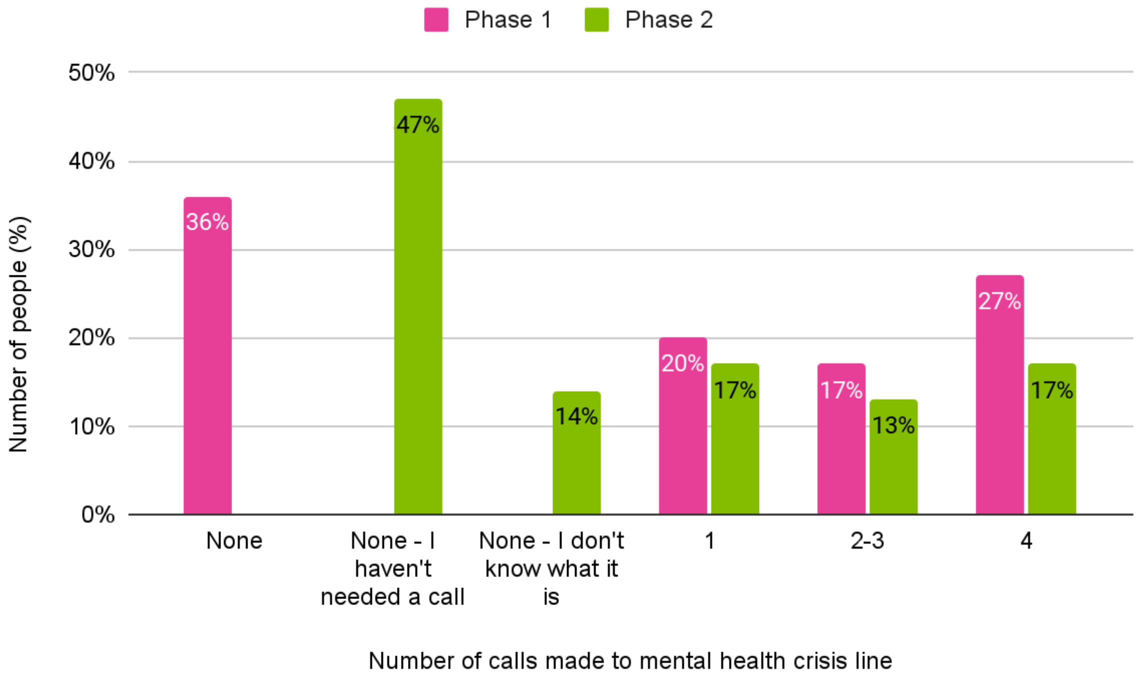
Question 5 - How many times have you accessed mental health services by going to A&E in the past 6 months?

Between the two phases, it is clear there has been a decrease in A&E visits due to mental health concerns. In phase 1, 79% of people stated they did not access mental health services by visiting A&E, while 21% stated they accessed support once or more. In phase 1 there was a fairly even split between the number of service users attending A&E (49%) while 51 % did not.



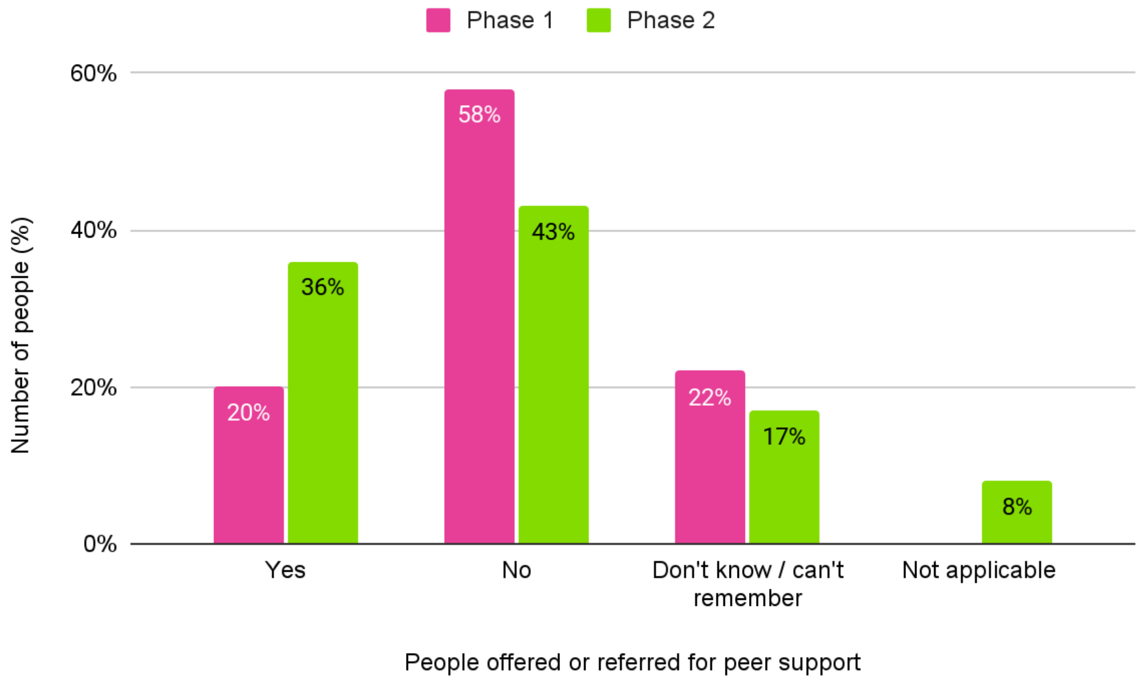
Question 6 - How many times have you called the mental health crisis line in the past 6 months?

When conducting telephone interviews with users in phase 1, it was apparent that 36% hadn't used the crisis line, but it was unclear if this was due to lack of need or lack of awareness. Phase 2 offered new opinions to help mitigate this: 14% selected 'none - don't know what it is' while 47% said they did not need to call. There was also a decrease in the number of people who called the mental health crisis line between phases 1 and 2.



Question 7 - Have you been offered peer support or referred for peer support?

As a result of the unclear answers given in phase 1, we added the option of 'not applicable' to ensure there was no bias with people who hadn't accessed the peer support service for good reason (i.e. false negatives). The responses were reflective between the two phases. The number of people who were offered or referred for peer support had increased while retrospectively the number who weren't had decreased (as a result of the false negatives being removed). This shows the peer support service is being increasingly utilised.



Whilst Peer Support itself is out of scope for this report, it is helpful to provide some context on Peer Support and the impact of increased referrals on services users. Peer support involves people with similar experiences offering each other:

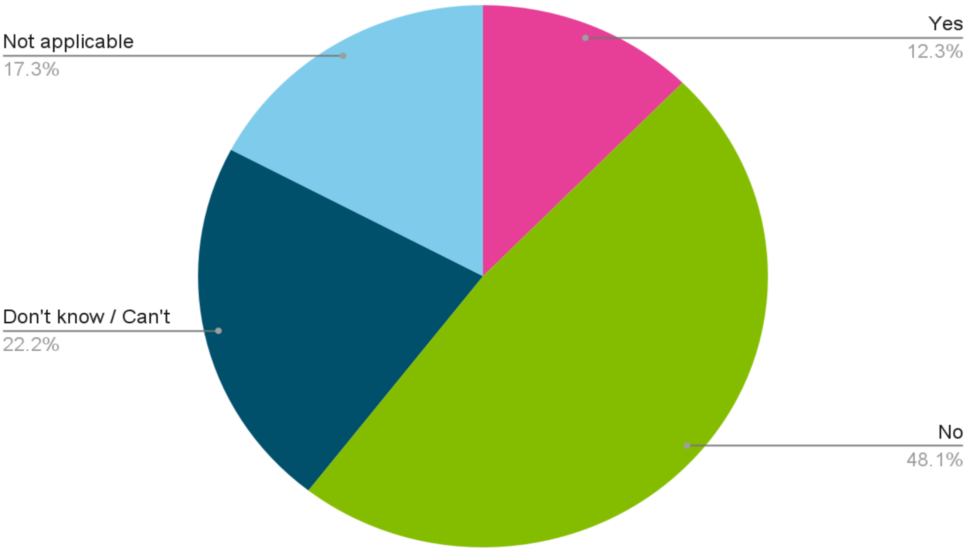
- Emotional support
- Knowledge and skills
- Connections to resources and communities

The service’s internal monitoring (25% response rate) shows positive impacts with services users reporting:

- 74% - improved ability to maintain/improve mental health and well-being.
- 55% - increased confidence in daily life and hope for recovery.
- 84% -improved support networks and social connection.

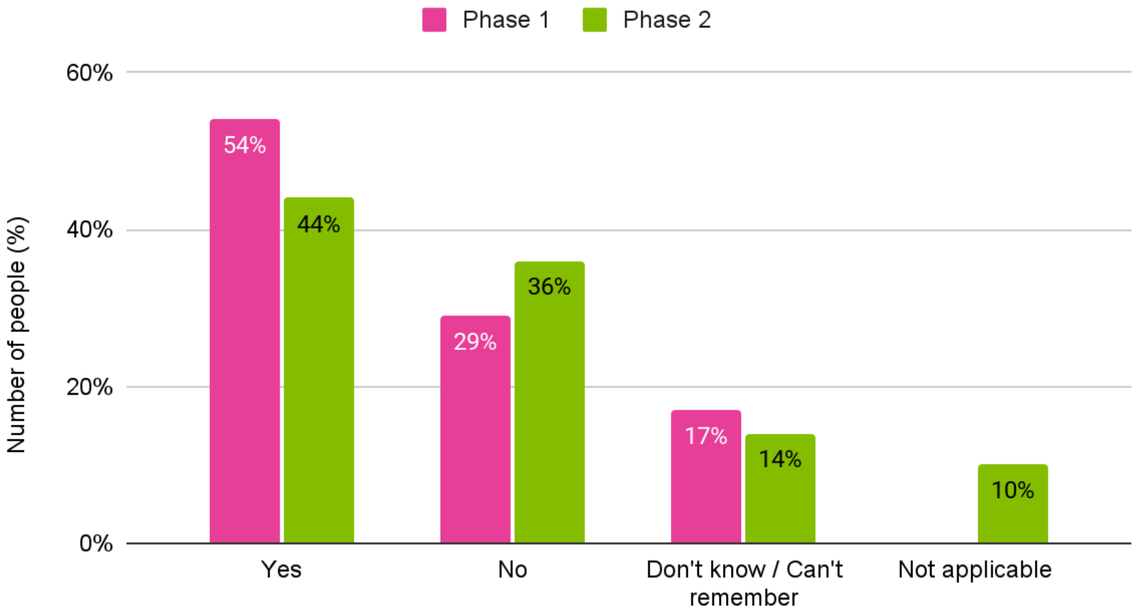
Question 8 – Have you been offered welfare advice or been referred to the welfare advice service?

This question was new for phase 2 and hence cannot be compared to phase 1. 51% of service users stated they had not been offered welfare advice. This may call for a need to increase promotion of this service.



Question 9 – Have you had the option of accessing psychological therapies (if needed)?

We added the option of ‘not applicable’ for this question in phase 2 to mitigate any potential bias if psychological therapies were not needed. The findings were corresponding between the two phases however, despite the inclusion of not applicable to reduce false negative responses. the results have deteriorated.



Access to psychological therapies or psychologically informed intervention

Question 10 - Over the past 6 months, what was good about your experience of the service?

51 people answered this question. Although this question focussed on asking respondents about the positive aspects of the service, the responses presented mixed views - this was the same in phase 1.

- 55% quoted positive comments,
- 20% quoted negative comments,
- 12% presented mixed views
- 14% were unclear.

The themes of the comments were generally consistent with those presented in phase 1 - see appendix 1 for a full list of categories.

Feedback about staff

In phase 1, the majority of people praised the staff for being calm, dedicated, good listeners, supportive, flexible and providing a good quality of care, while few felt unsupported. In phase 2, 33% of people praised the staff for being nice, caring, helpful, supportive, good listeners and professional. Positive comments towards staff had the highest positive ratings across all themes for this question.

"Nice reception, nice therapist who made it less intimidating. Professional accurate letters. Felt well safeguarded and helped in crisis. Felt supported in therapy and it was clear the path therapy would take. Offered lots of third party support like peer support, crisis lines etc."

"The people have been so kind and made me feel safe instantly. The therapist I was assigned to was very good at her job and set a positive environment for my recovery."

There were 2 positive comments specifically highlighting the communication with care coordinators.

"My care coordinator is good and does what he can to minimise disruption, but his efforts are often thwarted by inefficiency in the wider service and trust and very poor communication between services in the trust. I do not see a psychiatrist often enough."

"My care coordinator has discussed my needs with me."

However, 12% of people provided extensive detail and strong statements focussing on negativity towards staff in general. Common themes included insufficient communication, lack of empathy, difficulty contacting staff and staff shortages.

*"Just ridiculous. Barely anyone ever answers the phone. Twickenham IRH not fit for purpose. Where are the staff? Where is 'duty'?
Your trust have blood on their hands."*

High staff turnover was cited by many people through negative comments in phase 1, as service users had felt it led to a lack of communication and consistency. In phase 2, it was clear that fewer people specifically highlighted this as being an issue.

"The Service has been v good; the exception being the speed at which staff arrive at then leave the service. We have had a rapid turnover of CPNs, all of whom have been helpful but they simply cannot stay in the role..."

Clinical interventions

8% of people mentioned they were unhappy about the clinical decisions and felt that they were limited in support options e.g. they were only offered medication. However, this is also quoted alongside the lack of access to psychological therapies due to high demand and staff shortages.

"...There has been no access to a psychiatrist due to staff shortages, requested in multiple occasions therapy to process my ptsd and depression but the only care I was given is medications for my bipolar disorder. Appalling service. Help lines put you in a loop and then cut you off. There is no real emergency number (crisis) it is only on the website but you cannot get help especially if you are in crisis you would not be able to put up with all the transfers from one switchboard to the next. The default answer is call the Samaritans... nhs mental health services is on his knees. I have never seen it so bad since 2012."

Mixed comments

12% of people presented mixed comments praising staff or specific services, while criticising continuity of care. This was consistent with phase 1.

"On the whole care for my brother has been largely absent; but when we do encounter staff, they generally seem empathetic and caring. However we have almost given up accessing services unless there is major crisis."

"My care coordinator is good and does what he can to minimise disruption, but his efforts are often thwarted by inefficiency in the wider service and trust and very poor communication between services in the trust. I do not see a psychiatrist often enough."

"My experience of the Richmond home treatment team was excellent. I really could not criticise the service in any way. However, since my discharge, things have gone downhill - appointments frequently moved. Yesterday I was rung by a nurse from the Maddison centre telling me I'd missed an appointment with a psychiatrist- I'd had no notification of this"

Negative comments

12% of people stated 'nothing' or 'very little' along with strong statements when prompted with a question asking what was good about the service. This was also a common theme in phase 1.

"Nothing, there has been a lot of difficulty because no one gets back to me and follows up what they say they are going to do. 3 different members of the duty staff done the same thing and it has made me have no faith in contacting them for support. Communication is awful. Staff don't listen and have put words in my mouth. Am suffering in silence because no one helps when I try to ask for help. Was told to go back to my gp for additional referral to another team instead of them communicating on my behalf. I struggle to manage basic things and they could have included thay in the letter they were writing anyway. Put on a waiting list for therapy with no idea how long the wait is and no support in the meantime. No one cares if I live or die."

"None whatsoever. It has destroyed me and my family. I would not recommend any person to go near your services."

"Nothing. The system has failed me"

Question 11 - How did you find out about the service?

We incorporated a list of options to select for this question for phase 2, as in phase 1 the free text made it difficult to categorise effectively. However, the data between both phases showed that most people found out about the service from their GP.

Referral source	Phase 1	Phase 2
Unspecified	12	N/A
GP	12	31
Referral from another healthcare provider	9	17
A&E	3	10
Relocation	2	6
Self-referred	1	6
Long standing patient	N/A	28
Transition from children's services	N/A	5
Other		2

Question 12 - Based on your experience within the past 6 months, how could the service be improved?

67 people answered this question. There are some overlaps between this question and Question 10 - asking what was good about the service.

Appointment and waiting times

12% of people stated they waited a long time to access support. This was also highlighted in phase 1.

> *“The service doesn’t really exist. Even if you have been suicidal they don’t give you talking therapy. Even if you beg for it they say you have to wait 2 years to talk or some if they accept you in the first place.”*

Communication

The most extensive detail was given when citing the level of communication. 11 people said communication needed to be improved, especially regularly in between appointments. The method of communication suggested to be improved varied from lack of contact from staff between appointments and lack of accessibility via phone or email. This was cited as an area of improvement by more people in phase 2 than phase 1.

> *“Not had a meeting with a Dr in the community for over a year despite having a large prescription, it has not been reviewed and I have not been monitored at all”*

> *“Keeping in touch with patients, especially getting in touch when staff say they will. Showing up for appointments rather than saying there is no one who can see you because the service has made a mistake. Sticking to what you say rather than changing your mind, saying you didn't say it, and then saying maybe you did. Not making promises you don't keep. Letting me know how to contact services to arrange appointments or get support when needed. Having a crisis support line that is supportive, rather than making the Samaritans a more appealing option. Giving me access to services.”*

There were comments highlighting the empathy service users felt towards staff.

> *“I think it's a difficult time for everyone at the moment, regarding lack of funding, etc. Better communication in the event of difficulties or changing care situations would be an improvement.”*

“Maybe a warmer psychiatrist. My medication review with Dr (name) wasn't terrible but I felt rushed and like I was annoying him. He was probably just busy I know how hard the NHS is…”

Some people also commented on the quality of communication including a need for clearer explanations of the clinical decisions made.

“Maybe a clear explanation of the process of therapy, e.g. what will happen when we reach the end of the psychosis document.”

Feedback about staff

Staff shortages were highlighted and identified as a substantial problem. Many respondents felt there are not enough staff on hand to deal with the demand, nor do they have enough time to provide a good quality of service. Some people also quoted more staff training opportunities.

“In every single way. Train staff effectively. Supervision given to new members of staff. Try to increase staff retention. Try and reduce workload for staff so they can actually interact with patients effectively….”

“More medical staff. More personalised support. Get better at managing and treating severe depression.

Continuity of care was highlighted as a major issue in phase 1. Although this was still highlighted as a problem in phase 2, fewer people raised it as a concern.

“Had a duty worker tell me she couldn't help me because she couldn't understand the notes that the last worker had left. This is really poor quality service. She actually terminated the call instead of asking someone to help her.”

9% of people suggested staff retention.

“Staff retention - good people leave due to workload it seems.”

“Staff to be in post for longer. Quarterly staff and psych meetings with a lead Gp and Psych Lead. Less movement of staff”

“Psychiatrist should be available at least every 3 months and not be changing every 5 minutes or none being available.”

Accessibility to services

The fundamental issue of difficulty accessing psychological therapies due to long waiting lists have been highlighted through many comments.

“Availability of psychological therapies locally are lacking in secondary provision - I have to travel to Springfield for this. The recent disruption to the ECT service at Springfield caused a lot of problems for me and could have easily resulted in a hospital admission because of worsening crisis.”

“I need urgent CARE & constant support. Very much one to one help. I live in fear & don't sleep.”

Many people stated they expected but did not receive or struggled to access follow up support.

“Faster (any) communication re follow up appointment”

“No call back or follow up from anyone since that day which was around 4 months ago. Had other services try to contact on my behalf and no one got back to them either.”

Location was also cited as an issue by 2 people. Respondents said they had to travel long distances to access services which are unavailable in locations with a closer proximity.

“More locations within the borough as I have had to travel for up to an hour at times.”

“It's quite a distance to go.”

Received follow up support

8% of people stated they were signposted to another service.

“Twickenham IRH, RCDAS”

16% of people stated they were referred to external clinicians or organisations.

“I have been referred to Ruils for peer support.”

“Mind charity, where I accessed 1-on-1 therapy.”

In comparison to phase 1 - 27% of people reported that they received follow up support. Most of these responses were unspecified, however few cited they were referred to: family therapy, recovery unit, home treatment and Mind.

No follow up support received

12% of people said that they did not receive follow up support. When promoted to specify, some of the responses flagged concerns due to lack of additional support despite being informed otherwise. This is compared to 26% in phase 1, showing a clear improvement.

“I asked to be referred but although I was told I would I have never had confirmation that this actually happened no written communication just verbal. X months later still don’t know when and if I am ever going to get help . If it wasn’t for my family I would probably be dead by now.”

“When I was discharged from PDITT early because of Covid I was told I need complex PTSD therapy and that was 3 years ago because they kept denying me even an assessment. I’m back on the waiting list but it can take 18 months and then I still may not be accepted. Meanwhile my mental health has collapsed. The services I receive is basically a check in services. But even if I say I feel suicidal they say ok see you in 3 weeks. No one actually cares.”

5% of people chose to specify that they have been seeking or waiting for follow up care.

“Not yet I'm hoping that I'll be having a meeting with my appointed physiatrist and the psychologists from the course attended.”

“It would be great to get some treatment.”

2 people provided further detail about how they had been negatively affected by the lack of follow up support. These responses referred directly to suicidal thoughts which is very concerning to read.

“When I was discharged from PDITT early because of Covid I was told I need complex PTSD therapy and that was 3 years ago because they kept denying me even an assessment. I’m back on the waiting list bone but it can take 18 months and then I still may not be accepted. Meanwhile my mental health has collapsed. The services I receive is basically a check in services. But even if I say I feel suicidal they say ok see you in 3 weeks. No one actually cares.”

“I asked to be referred but although I was told I would I have never had confirmation that this actually happened no written communication just verbal. 6 months later still don’t know when and if I am ever going to get help . If it wasn’t for my family I would probably be dead by now.”

Not applicable

63% of people selected ‘not applicable’ compared to 39% in phase 1.

“Still in treatment”

“It would be great to get some treatment”

“Not really, apart from the ADHD referral.”

Conclusion

Progress with transformation

We acknowledge that there was a short time, 6 months, between the two phase reviews which would have limited the amount of improvement that could be made. However, there were clear mixed views which suggested while some elements had been improved, others had not.

We asked the Mental Health Trust to provide a summary of the transformation process, outlining the aims.

The Trust informed us that the community transformation programme has been completed in Richmond.

An animation has been created to give an overview of the community transformation programme at SWLSTG Mental Health Trust, including aims and changes to services: https://www.youtube.com/watch?v=KB5ZisKIwXQ

They also provided us with a detailed description of the key changes that took place as a result of the transformation programme between phases 1 and 2 of this work:

- The disaggregation of Kingston and Richmond Assessment Service to form a dedicated Richmond Single Point of Access.
- A redesign of the Single Point of Access Referral Pathway enabling people to self-refer.
- Introducing the principle of trusted assessments and building on assessment rather than people re-telling their story.
- The implementation of a VCSE lead provider peer support service.
- The implementation of a Welfare Advice Service.
- A redesign of community mental health teams to Integrated Recovery Hubs (formally known as Recovery Support Teams)
- The Introduction of the Daily Integrated Allocation Meeting (DIAM) to streamline allocation to enhance support and treatment and to ensure a holistic approach with the inclusion of the new peer support and welfare advice services.
- Increased psychological provision:

    - Recruitment of a 1 year fixed term psychologist to reduce waiting times for psychological therapy and Partnership with private providers who can accept referrals for patients waiting for psychological therapy.
    - The introduction of new roles including:
        - Structured Clinical Management Clinicians, Mental Health Wellbeing Practitioners and Dialectical Behavioural Skill Practitioners– which has increased access to NICE evidenced based psychological provision.
        - Enhanced response practitioners who provide more intensive input for people experiencing mental health crisis.
        - Dedicated Borough Pharmacy provision
        - Co-Occurring Mental Health Alcohol and Drug Practitioners
        - Community Physical Health Advanced Clinical Practitioner/s
- The development of an enhanced response service which is a proactive response to patients open to an integrated recovery hub who are at increased risk of/or presenting in crisis.

Findings about the service

Upon comparing the net promoter scores between phases 1 and 2, the majority of ratings showed moderate improvements. Satisfaction towards time taken to access support was improved by 23%, while having a choice in treatment received had decreased by -18%.

Positive Feedback

The feedback towards staff was the most positive theme highlighted.

"Practitioners have always been compassionate and considerate when providing support to me, I feel like I am truly valued by the individuals that work within mental health and have a very good understanding of what they do."

While praising staff, some comments also acknowledged that staff shortages cannot be helped. This seems to be a common theme from service users, where staff show empathy towards service users despite the increased pressures.

"On the whole care for my brother has been largely absent; but when we do encounter staff, they generally seem empathetic and caring. However we have almost given up accessing services unless there is a major crisis."

"I've not accessed therapy since around June, so very little to say. The DBT clinician has been very supportive of my request for a referral to neuropsychology - however, the referral has still not been accepted."

Although staff turnover was reported in both phases, there were noticeably fewer respondents citing this as an issue in phase 2. In phase 1, respondents stated that they felt a lack of continuity of care due to high staff turnover. This was not highlighted by as many respondents in phase 2, which may suggest that continuity of care had improved.

Negative Feedback

A common concern raised is long waiting times to access psychological services. This can be explained by the issue of long NHS waiting lists, which was acknowledged by many respondents.

"The service doesn't really exist. Even if you have been suicidal they don't give you talking therapy. Even if you beg for it they say you have to wait 2 years to talk or some if they accept you in the first place."

Quantitative data showed there was a 23% increase in the number of people who rated highly when promoted with the statement about the level of satisfaction with the time taken to access support. It is uncertain whether people have selected this option based on initial access to support or if this is further into their care. However, qualitative data in relation to this statement may suggest this change is related to initial support, as service users reported that they have struggled to access follow up support. Psychological therapies were specifically referenced and some commented on the difficulty to initiate communication with the Trust services such as the mental health crisis line.

"It has been an absolute struggle despite having a complex mental health history. There has been no access to a psychiatrist due to staff shortages, requested in multiple occasions therapy to process my ptsd and depression but the only care I was given is medications for my bipolar disorder."

People mentioned they were unhappy about clinical decisions and intervention, mainly around being offered medication when they would prefer to benefit from psychological therapies. This was supported through both quantitative and qualitative feedback. However this may also be explained by the lack of alternative options to long waiting lists for additional services combined with staff shortages.

Next Steps

We asked the Trust to set out their action plan for the remainder of the transformation rollout. They told us that they would undertake the following three programmes of work:

1. **Improving Community Care** – our approach to improving quality and safety within the community service line that will include culture and communication improvements as a key focus through QI approach.
2. **Adult Patient Journey Programme** to support interface, crisis and length of stay to support flow and improved patient experience.
3. **Waiting well** review to improve the structure and system for people waiting for intervention.

We also encourage the Trust to draw learnings from this review to inform their work.

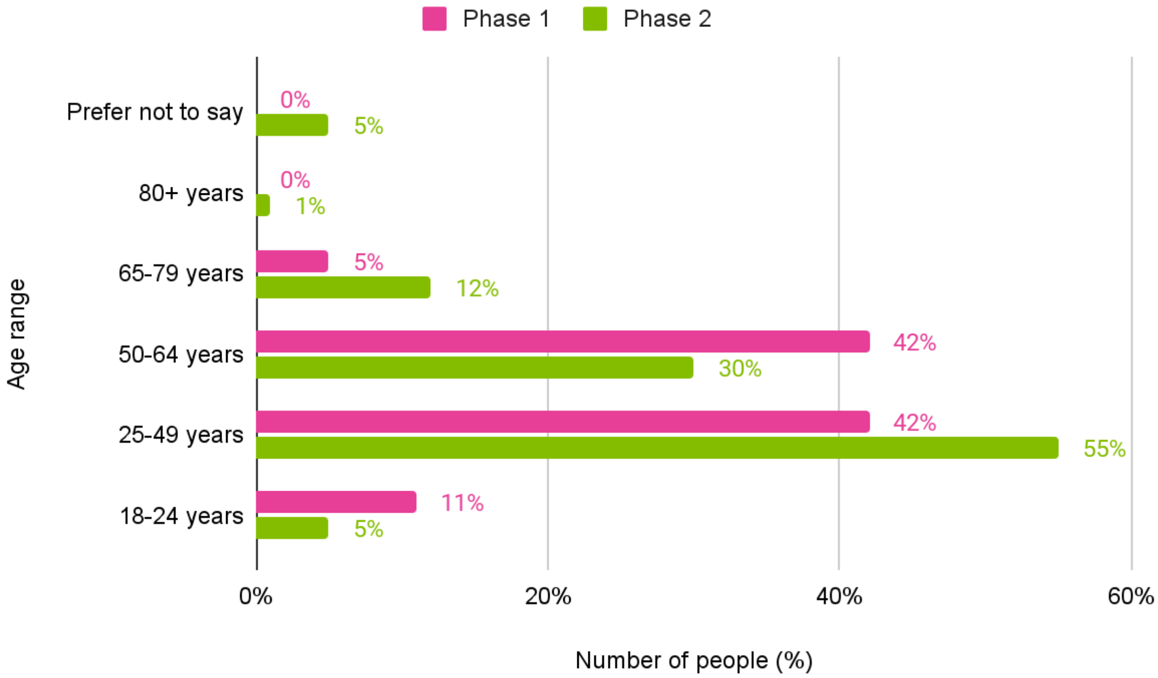
Once these changes have been made, and given sufficient time to embed, we will undertake a final review. This is planned for Autumn/Winter 2024 and will assess the measurable improvements throughout the transformation process.

Appendix 1 – Demographics

The results of the demographic data were fairly consistent to phase 1 and broadly reflective of Richmond Borough.

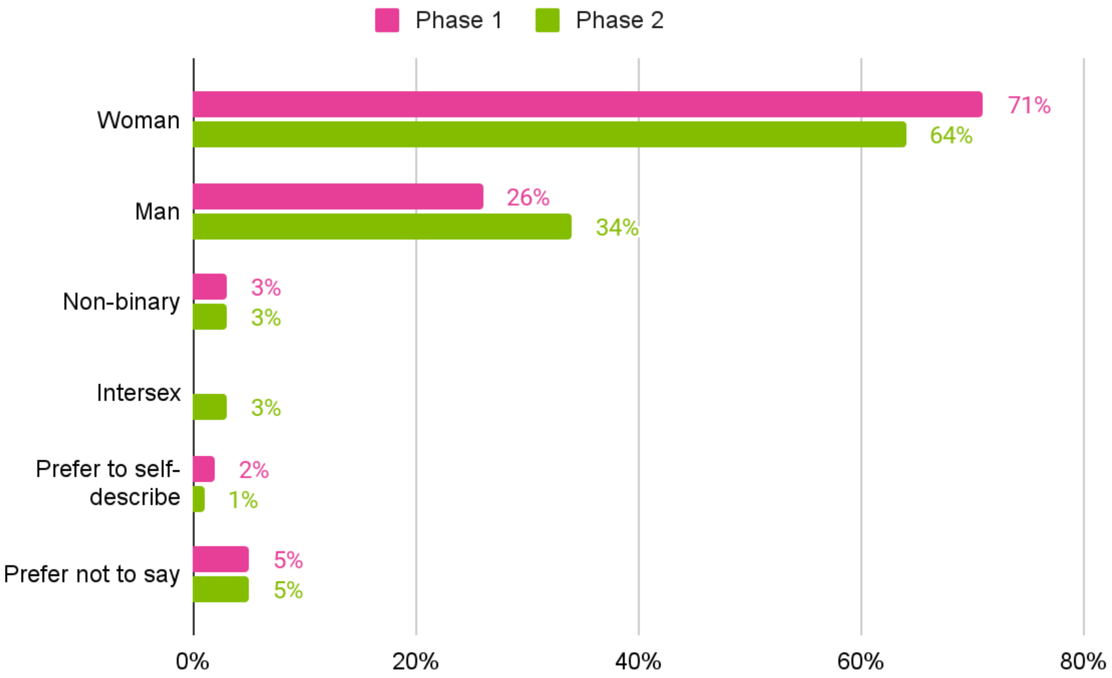
Question 14 – How old are you?

The most common age range was 25-49 years.



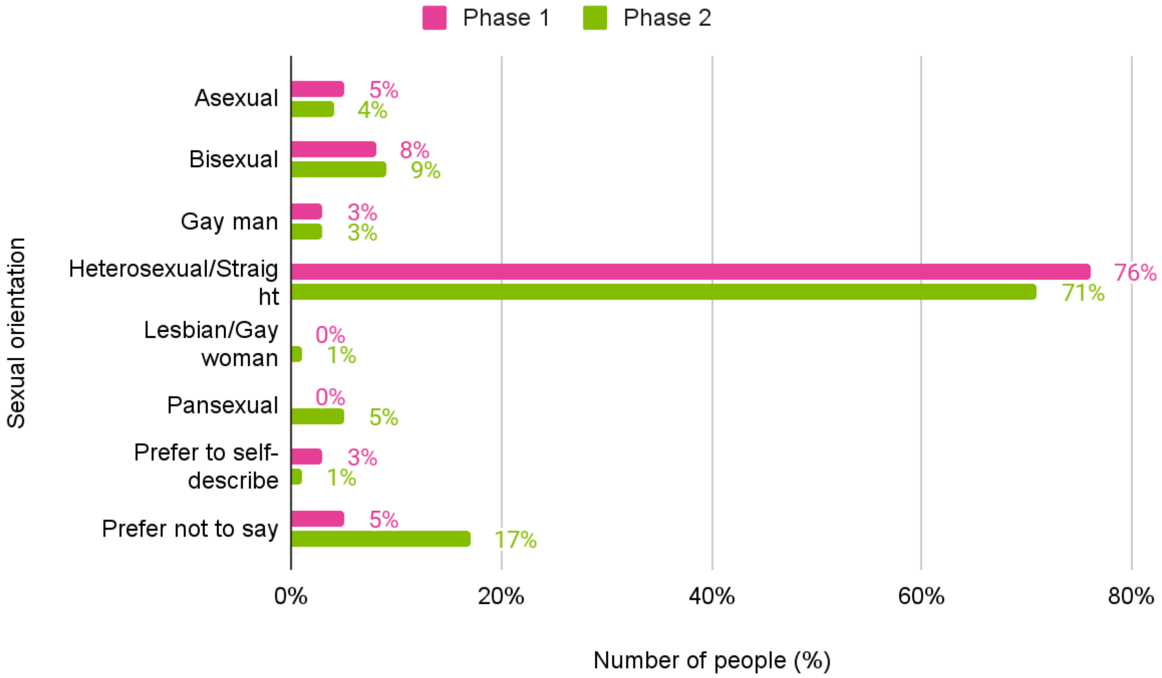
Question 15 – What is your gender identity?

The majority of service users were women, which aligns with phase 1.



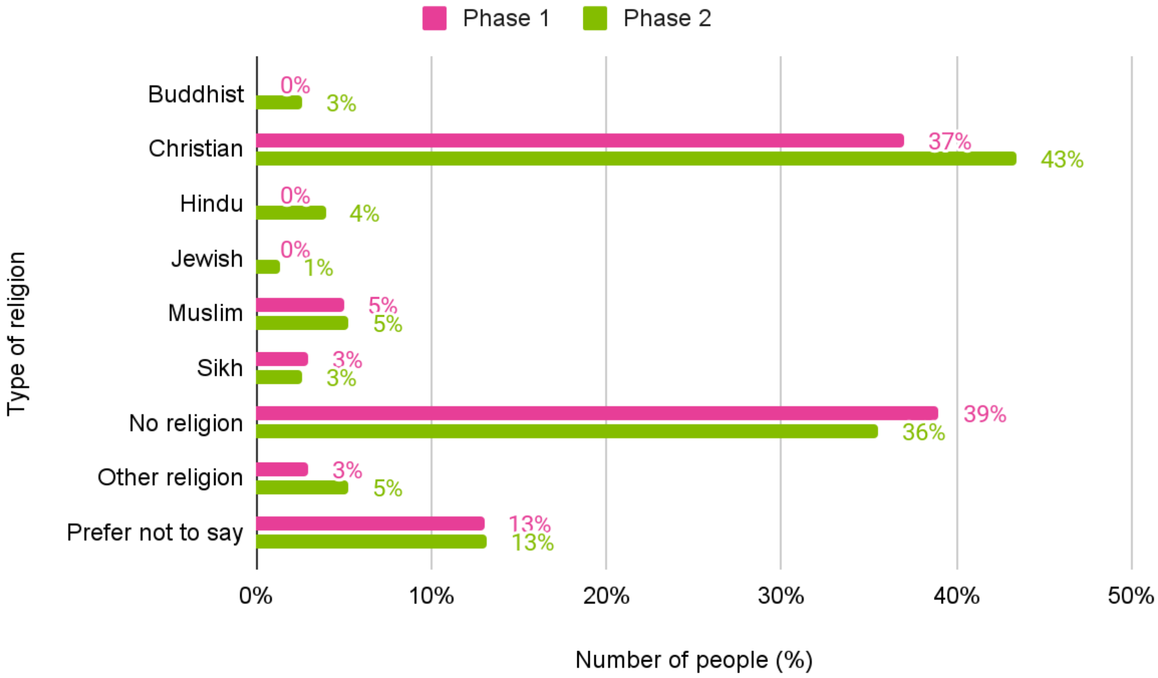
Question 16 – What is your sexual orientation?

75 people answered this question, with 71% stating they were heterosexual/straight.



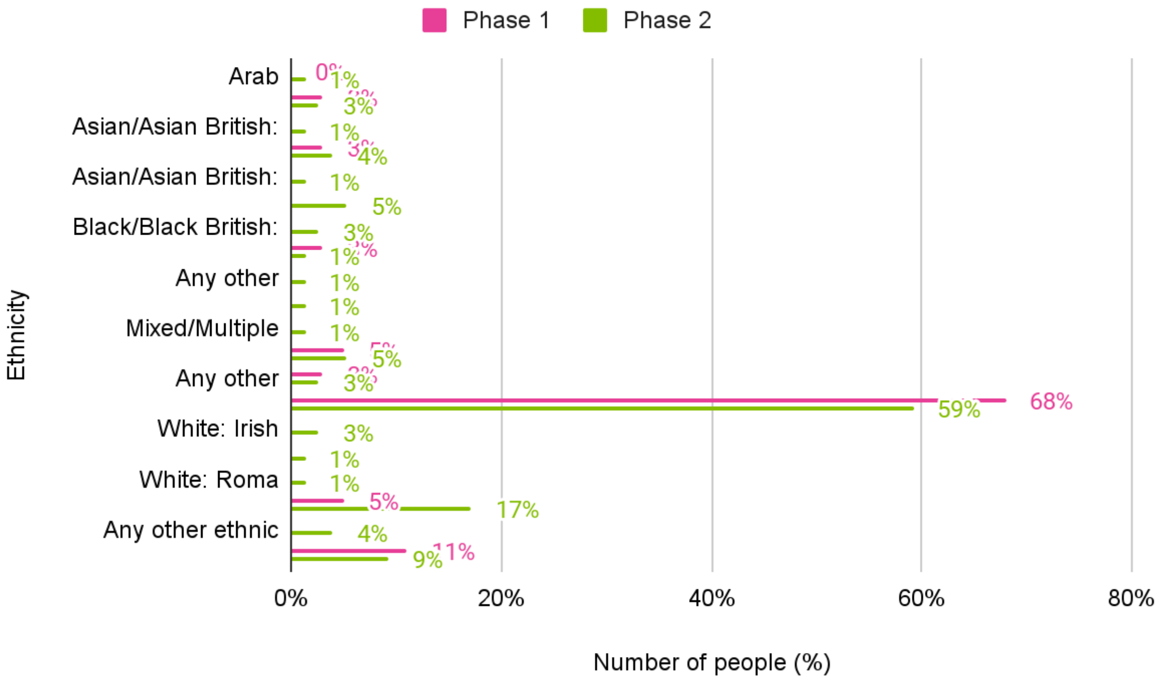
Question 17 - What is your religion or belief?

The majority of people selected Christian (43%).



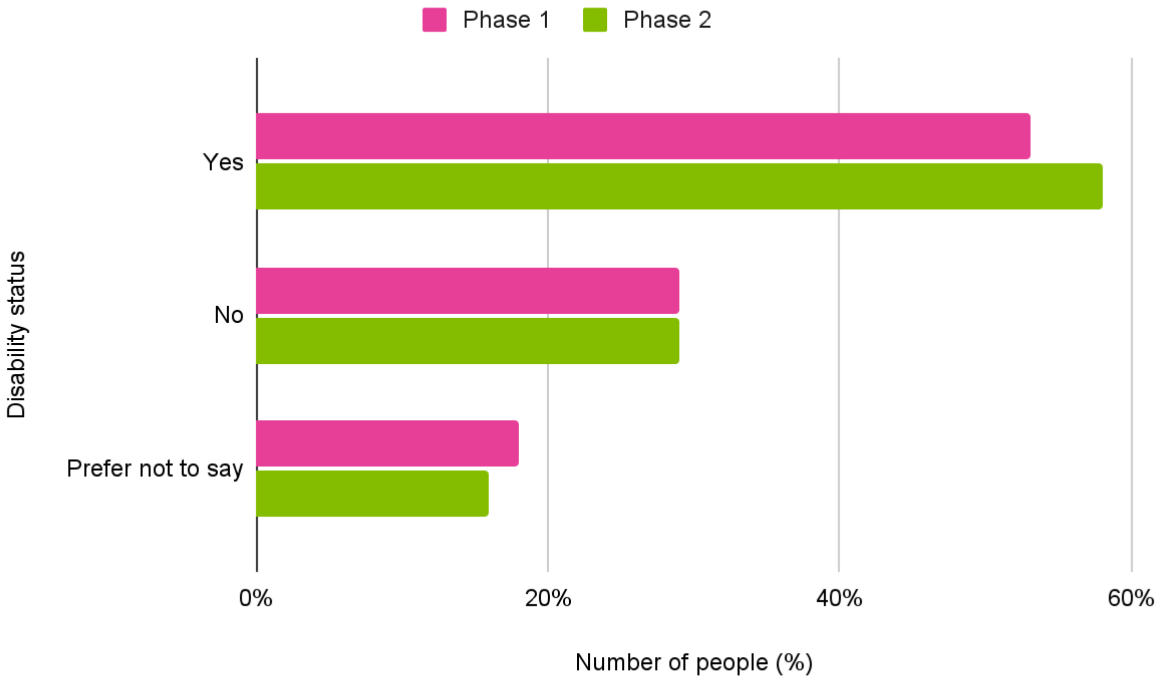
Question 18 - What is your ethnicity?

Over half of the sample selected ethnicity as White: British/English/Northern Irish/Scottish/Welsh (59%) which is consistent with phase 1 and reflective of Richmond demographical data.



Question 19 - Do you have a disability?

58% of people stated they had a disability, 29% stated they did not have a disability, and 16% stated they would prefer not to disclose this.



Question 20 - Do you have a long-term condition?

74% responded they do have a long-term condition, 12% stated they do not have a long-term condition and 17% selected that they would prefer not to say.