



Follow-up Report

Investigation to Improve Mental Health Services for Birmingham Service Users



Introduction

In response to a Healthwatch Birmingham report, Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) has improved medicine management for patients and improved communications for service users who want to contact the service.

One of Healthwatch Birmingham's main roles is to encourage providers and commissioners to use patient and public insight, experience and involvement to improve their services. We discussed the feedback we had heard from service users with BSMHFT, and heard about the progress the Trust had made since our initial report: [*Initial Impact of Investigation to Improve Mental Health Services for Birmingham Service Users*](#). This report shares the specific changes that the Trust has made.

Key progress made



Medicine dispensing and collection

- Changes in administration processes to increase the:
 - timeliness of the provision of depot injections.
 - likelihood that medication is ready for collection.
 - the daily timeframe for the pharmacy staff to deliver medication through the service.
- Community Mental Health Teams (CMHTs) and Home Treatment Teams (HTTs) will inform patients when medication is not ready, to save them a wasted journey.
- If the HTT needs to deliver medication out of hours to a CMHT patient, the CMHT will inform the HTT and the pharmacy.
- More patient-centred, flexible medication drop-in times.
- A dedicated Community Psychiatric Nurse (CPN) will lead on improving the systems for ordering medication and delivering medication.
- Staff will escalate wider issues, which cannot be resolved locally, to the team manager and pharmacy lead for the Trust.
- Community Mental Health Teams will prescribe psychiatric medications for patients whose GP declines to prescribe these medications.



Improved telephone access for patients

- Improved telephone access for patients.
- Incoming telephone calls answered more quickly.
- Out of hours crisis numbers, and opening hours, given in telephone voicemail messages.
- Ongoing monitoring of improved telephone access for patients.

Full list of improvements made



Improved medication dispensing and collection processes

From the initial Healthwatch Birmingham report:

“The CMHT and pharmacy are working together to increase timely dispensing. Changes to the system are being trialled. The Zinnia Centre staff now inform service users and carers in advance if the medication has not arrived.”

“The Trust management has requested Zinnia Centre staff to be more flexible, offering alternative times for people who cannot make the drop-in clinics.”

Follow-up questions raised with the Trust:

- Was the trial successful? What changes did the Trust make, and have these improved timely dispensing? Are Community Mental Health Teams (CMHTs) now informing service users/carers in advance, if the medication has not arrived?
- Are the CMHT staff now offering alternative times? If not, what is the Trust doing to support their staff to do so?
- Could the Trust deliver medication to service user’s homes, where possible?

Response:

1. Meetings with Pharmacies have taken place across East CMHTs, which include Zinnia, Small Heath and Riverside CMHTs, to look to improve dispensing and collection processes for patients. Actions from the meeting include:

- Zinnia HTT will now upload depot cards on clinical documentation on RIO (the electronic care record system) for CMHTs to know when a depot injection was last given to the patient, thus **preventing delays in the administration of this medication.**



Zinnia Centre CMHT

- The team will order up to 14 days of medication. This will allow less frequent collections by patients and allow greater time for the pharmacy to dispense and **reduce the likelihood of medication not being ready for collection.**
- **If the HTT needs to deliver medication out of hours to a CMHT patient, the CMHT will inform the HTT and the pharmacy.** The CMHT will ensure that the HTT are informed of the names of the CMHT staff members who will be taking responsibility for this and pass these on to the pharmacy.
- Pharmacy staff will look into run times for medication for Zinnia, Small Heath and Riverside CMHTs to move it to a later run. This will ensure that there is a **longer period each day for the ordering and delivering of medication.**

2. The HTT and CMHT teams will improve their communication, to enable a smooth transition of patient care between HTT to CMHT. Where possible CMHT staff are informing patients in advance if they know if a patient's medication has not arrived.

However, there is further work to be undertaken. There can be delays in the dispensing of medication, the main reason for this is that the pharmacy is only able to dispense when a safe green blood result has been obtained from the laboratory. If there is a delay for any reason, then this will then impact upon when the pharmacy can dispense medication. The plan is for the dedicated nurse for medication ordering, to have a system where the staff have a comprehensive list of all patients with prescribed medication.

This means that when there are any issues with medication not arriving, the nursing staff can liaise with the pharmacy to see where the medication is and try to get the medication to the centre on time. If this is not possible, then the nursing staff will contact the patient about the issue, so that the patient will not have a wasted journey and the nursing staff can make alternative arrangements.



Previously, agency staff have run clinics due to staff vacancies. A new Band 5 Community Psychiatric Nurse (CPN) will assist the dedicated nurse with the running of the team depot clinic and drop-in clinics. **This will provide patients with greater consistency and continuity in the service provision.**

3. Now a dedicated CPN at CMHTs will be the lead for ordering medication and will work more closely with the pharmacy to develop and improve the systems for ordering medication and delivering medication.

4. Staff will escalate wider issues, which cannot be resolved locally, to the team manager and pharmacy lead for the Trust. The type of issues that may arise are not yet known but if encountered would be escalated to a relevant party e.g. pharmacist, prescriber, team manager.

5. For patients who cannot attend the specific medication drop-in times, then CMHTs would make individual arrangements for those patients, and give consideration as to when and how they can collect or receive their medication. It is not normal practice for CMHT to deliver medication; however, there will be occasions where the CMHT will need to consider individual circumstances.

Further feedback heard about access to medication (since the initial report)

My husband has a mental health care plan from Zinnia Centre, and it states “please prescribe any medication not prescribed by the Zinnia Centre”, but the GP refuses to prescribe essential mental health medication. As a result, I have had to queue two hours at Zinnia to get essential medication, as we can’t afford to run out. I don’t know what’s going to happen next time when we need this medication. It’s stressful.

BSMHFT’s response:

Some GP practices decline to prescribe psychiatric medication following a patient’s discharge. On occasions, the Trust is unable to predict this, which can create a delay in patients receiving medication. **Where GP practices are known to be reluctant to prescribe, the HTT will ask CMHTs to do so to assist this;** the HTT will inform the CMHT, who will look to order in a timely manner. There is ongoing work between the Trust’s Clinical Director and Associate Director of Operations and Commissioners regarding the introduction of Shared Care Agreements, which could improve GPs’ willingness to prescribe.

I had to fight to get my daughter’s medication for home treatment, from Orsborn House. I complained to PALS and a manager came out to my home. My daughter’s medications were sorted out. Since then there are always problems to get my daughter’s medicines from them, and often she went without her medicines. It is still not straight forward to obtain medication from them. Why can’t the GP do this? We are stressed, as we have to constantly overcome hurdles to get medicines on time. My daughter received good support from Home Group [an independent carers support service] and without their help, I don’t know where I would be. (September 2018: Orsborn House Acute Inpatient Hospital; Ladywood and Handsworth CMHT).

Patient feedback: A patient called us about her discharge from Mary Seacole House. She was told that, upon her discharge, she would receive her medication the following morning. It did not arrive. She contacted the Patient Advice and Liaison Service (PALS) at the Trust, to report her concerns. (July 2018. Mary Seacole House Acute Inpatient Hospital).



Every time I come to pick up my medication, it’s not available. I would like to improve this matter and sort out this predicament that I am experiencing because it’s causing me mental anguish. (July 2018: Orsborn House, Ladywood and Handsworth CMHT).



Telephone access to staff

From the initial Healthwatch Birmingham report:

“The Trust is upgrading their phone system in July 2018. This will improve the time it takes the switchboard receptionists to answer incoming calls. They will continue to answer the calls as proactively as possible. The Trust management commissioned a specific project across teams to agree on a new phone response protocol that supports service users/ carers/visitors to get an appropriate response.”

Follow-up questions raised with the Trust:

- Do staff answer phones within a reasonable time? Has the new phone response protocol improved service users/carers/visitors getting an appropriate response? Is it possible to talk with the correct staff member or leave them a message? In addition, do staff respond to messages and return calls?

Response:

The staff endeavour to answer calls as swiftly as possible. A new line in reception should assist. It is possible to leave messages that reception will pass on to the appropriate department. However, staff are not always available, as they will have prior arrangements often booked into their diaries.

Actions:

1. There has been a recent change to the internal telephone system at the Zinnia Centre, where staff dial from an internal desk phone and ask for a name and they will be directed to that individual's telephone number. The Trust hopes that this will benefit patients by decreasing the volume of calls that go through the reception, leading to **quicker response time by the receptionist to the incoming calls**. They will monitor their complaints to see if this has reduced the calls/letters regarding this issue and they will check locally with staff and service users if they have noticed a difference in the new initiatives that they have put in place.
2. There has also been a **separate telephone number provided for the Outpatient Department** to avoid all patients contacting the main reception number at reception. As above, this will benefit patients because it will hopefully decrease the volume of calls that go through the reception and this should lead to a quicker response time by the receptionist to the incoming calls. This telephone number is being communicated to all patients in all correspondence.





Patient feedback: A carer told us he was struggling to get through to the team that looks after his brother. Friends and family members have serious concerns about his care but are unable to get through on the contact number they have. (August 2018: Birmingham and Solihull Mental Health NHS Foundation Trust)

3. Administration staff are in the process of having **voicemail put on the phones so that the outpatient phone (0121 301 5340) tells callers that the Outpatient Department is closed after 5pm and before 9am, and gives out crisis numbers.** The reception phone number will have a voicemail saying that is closed after 8pm.

4. **The Trust will monitor our complaints** to see if this has reduced the calls/letters regarding this and they will check locally with staff and service users if they have noticed a difference in the new initiatives that the Trust have put in.

.....



Follow up of patients that miss their appointments

From the initial Healthwatch Birmingham report:

“The Trust is working towards ensuring that staff follow the ‘Did Not Attend’ (DNA) policy. The Trust management has stated they are happy to meet with these service users to discuss the issues if that helps with their future care”

Follow-up questions raised with the Trust:

- Are Trust staff uniformly following the DNA policy?

Response:

This policy is for Trust wide implementation and teams are required to follow it. Teams are required to follow the DNA policy with regard to contacting patients when they do not attend appointments. Staff members discuss patient DNAs in the multidisciplinary team meeting, as per the DNA policy.



Dignity and respect

From the initial Healthwatch Birmingham report:

We stated in the conclusion of the original report that we are interested to know if service users and carers feel staff treat them with dignity and respect. Since our initial report, we have received the following pieces of feedback regarding this issue at the Zinnia Centre.

Further feedback heard about dignity and respect

(since the initial report)

They are very good at patient's care and the doctor is willing to have informed chats when needed. (August 2018: Riverside CMHT).

A caseworker told Healthwatch Birmingham: *We have just been called back by a receptionist. Our initial call, ten minutes prior, was in relation to an individual who had attended an appointment the previous day and was experiencing a serious episode. The receptionist was very rude, abrupt and complained to us about having a queue at her reception then abruptly hung up. Shocking service provision. I trust her managers will address the front line provision and deliver training as required. Not a good advertisement for the mental health service.* (October 2018: Zinnia Centre Acute Inpatient Hospital).

Patient feedback: **A carer's daughter had suffered from depression since 2015. The carer felt she did not receive adequate information from the people at admission, and it took time for her daughter to be admitted at the hospital. The carer felt there was a lot of pressure placed on her as a carer, and that this experience had affected her own health. She expressed concern for her daughter's wellbeing; no one listened to her and this affected her own confidence and she felt like she was becoming depressed herself.** (September 2018: Zinnia Centre Acute Inpatient Hospital).

Patient feedback: **Another caller had visited a sexual health clinic to discuss their sexual lifestyle. Following this, they were contacted by the CMHT. The caller had not given consent to the clinic to pass their contact details to the CMHT. They have Asperger's and other mental health issues and found the situation distressing.** (September 2018: Ladywood & Handsworth CMHT).

BSMHFT's response:

The Trust has responded that they expect all staff to treat everyone they meet with, in a dignified and respectful manner. Where service users or carers make complaints or observations that suggest this is not the case, **the Trust would look to investigate and ensure staff adhere to Trust standards and expectations**, and make any necessary changes to individual practice.

We would like to thank the Birmingham and Solihull Mental Health NHS Foundation Trust for their participation in, and support of, this investigation.

How service users can share feedback

Healthwatch Birmingham welcomes people to continue sharing their experiences with us about BSMHFT.

Telephone: 0800 652 5278

Email: info@healthwatchbirmingham.co.uk

Via our Feedback Centre at: www.healthwatchbirmingham.co.uk

Feedback can be shared anonymously.

Sharing your views with Birmingham and Solihull Mental Health NHS Foundation Trust

We also encourage people to share their experiences of BSMHFT services directly with the Trust through their Patient Advice & Liaison Service (PALS) team.

Telephone: 0800 953 0045 Text: 07985 883 509

Fax: 0121 301 1301 Email: bsmhft.customerrelations@nhs.net

Or via their [online feedback form](#)

The Trust welcomes feedback from service users and carers. For queries and concerns about a service or the care received, you are encouraged to contact the service in the first instance as often issues can be swiftly resolved locally. Alternatively the Trust's PALS team will listen to concerns, suggestions and queries and help sort out problems quickly on your behalf. If these routes do not result in a response you are satisfied with, the complaints department provides information and guidance to service users, their relatives and visitors who wish to complain formally. The Trust also welcomes feedback about your positive experience of services so that it can share good practice across the organisation.

You may re-use this information (not including logos) free of charge in any format or medium providing that you cite this report in full.

Suggested citation format: Healthwatch Birmingham Follow-up Report: Investigation to Improve Mental Health Services for Birmingham Service Users (2019). Available at: <https://healthwatchbirmingham.co.uk/about-us/reports/>



Healthwatch Birmingham
PO Box 16875
Birmingham,
B16 6TN

www.healthwatchbirmingham.co.uk

e: info@healthwatchbirmingham.co.uk

t: 0800 652 5278

[@HWBrum](https://twitter.com/HWBrum) | [f facebook.com/HealthwatchBirmingham](https://facebook.com/HealthwatchBirmingham)