WMQRS Bulletin – April 2012

www.wmqi.westmidlands.nhs.uk/wmqrs

2011/12: Mental Health Services, Health Services for People with Learning Disabilities, Dementia Services and Care of Vulnerable Adults in Acute Hospitals

This review programme is now completed. Thanks to everyone who presented at the Good Practice Events. All presentations are on the WMQRS website for anyone who missed the Events. An Overview Report which summarises the findings across the region has been produced and is also on the website plus an Easy-Read presentation of this. Key Points are given below. The Overview Report includes an evaluation of the programme. Many thanks to all Steering Group members, reviewers and leads in Trusts and PCTs for your help with this programme.

2012/13: Care of Adults with Long-Term Conditions Children & Young People with Diabetes

Draft Quality Standards and the proposed review process are available for comment.

Consultation Workshops:			
Chronic Neurological Conditions	14th May	10am – 12.30pm	Birmingham Medical Institute
Primary Care Community-based teams Commissioning Specialist teams for diabetes, COPD and heart failure Cardiac and Pulmonary Rehabilitation	15th May	2pm – 4pm	Birmingham Medical Institute
Email: tolulope.majebi@nhs.net to book a place			

Deadline for comments: 16th May 2012. Comments should be emailed to tolulope.majebi@nhs.net

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Call for Reviewers!

Being a reviewer is an excellent personal development and over 80% of reviewers make improvements to their own service as a result of the experience. Reviewer nominations are invited – more details are on the WMQRS website.

Reviewer Training Sessions NB. You only need to attend ONE session	
19th June (am or pm)	Arden Hotel, by Birmingham International Station, Solihull
28th June (am or pm)	Walsall Football Club (Banks's Stadium), Walsall
5th July (am)	Education Centre, Alexandra Hospital, Redditch
10th July (pm)	St George's Hospital, Stafford
Paediatric Diabetes: 27th June (am)	Birmingham Medical Institute

Reviewer nominations with contact details and preferred training session, please email: vidushy.auchoybur@nhs.net

OTHER PROGRAMMES:

Paediatric Palliative Care	**Draft Quality Standards** are available for comment. **Consultation Workshop:** 31st May 10am -12.30pm Birmingham Medical Institute Email: tolulope.majebi@nhs.net to book a place or send comments. **Deadline for comments:** 8th June 2012
Urgent Care	Quality Standards are being revised. The Society for Acute Medicine is planning to adopt the acute medicine standards.
Critical Care	The Steering Group plans to start revising the Standards soon and will be inviting comments on changes that are needed.
Care of Critically Ill Children	The Steering Group is working on Version 4 of the Standards which we hope will be available for comment in May.
Renal	Version 2 of the Quality Standards is now available.
Adults with Haemoglobin Disorders	This is a national review programme. Review visits have started.
Stroke Services & Vascular Services	These programmes are completed. No further action at present.

2011/12 OVERVIEW REPORT KEY POINTS

1 One in four adults experience mental illness at some point during their lifetime and one in six experience symptoms at any one time – making mental illness the largest single cause of disability in our society. (Department of Health, 2012). People with profound intellectual and multiple disabilities are among the most disabled individuals in our community. The number of adults with learning disabilities is predicted to increase by 11 per cent between 2001 and 2021 to over one million in 2021 (University of Lancaster, 2004) and people with learning disabilities are 2.5 times more likely to have health problems than other people (Department of Health, 2010). Approximately 600,000 people in England suffer from dementia. The number of people with dementia in England is expected to double within 30 years, and estimated costs are expected to increase from £15.9 billion in 2009 to £34.8 billion by 2026 (National Audit Office, 2010). These people, along with other vulnerable adults, will need acute hospital care from time to time.

2 The 2011 West Midlands Quality Review Service (WMQRS) review programme covered mental health services, health services for people with learning disabilities, dementia services and care of vulnerable adults in acute hospitals (VAAH). The programme covered the vast majority of mental health, learning disability and dementia services in the West Midlands and the care of vulnerable adults in all acute hospitals. Reports of the visit to each health economy are available on the WMQRS website: www.wmqi.westmidlands.nhs.uk/wmqrs.

3 This WMQRS programme trained 295 reviewers; 198 people took part as a reviewer in at least one visit; 595 days of Continuing Professional Development (CPD) were provided for NHS and Local Authority staff and 149 days of personal development for service users and carers, including service users with learning disabilities. The overall evaluation showed that 71% respondents found the peer review process was useful to their organisation in improving services and 80% of reviewers said that the experience of being a reviewer had been useful in developing their own services.

4 Many examples of good practice were identified during this review programme and these were shared at two events in February 2012. Reviewers also met some inspirational leaders and many people who were highly committed and working very hard to providing good care for service users and their carers.

5 The overwhelming impression of the services reviewed is of variability. As a result, service users' and carers' experiences and outcomes must also be variable. This variability in the availability and quality of services did not appear to be in response to the needs of particular groups or local populations.

6 Several issues were common to mental health, learning disability and dementia services, including a lack of clarity in care pathways and service functions. Referral and acceptance criteria were often not clear and 'gateways' to services were not yet functioning effectively. Services were starting to allocate 'care clusters' to their service users but clinical guidelines covering the expected therapeutic interventions were generally not yet developed or their implementation audited. Particular issues were found on involvement of medical staff, IT systems and care records, and increasing difficulties with integration between health and social care.

7 Reviews identified the highest levels of risk in mental health Crisis Teams across the West Midlands. This is of particular concern because of plans in several areas to reduce the number of in-patient beds.

8 Information and support for people with learning disabilities was improving with several areas having very good 'easy read' information, including for those admitted to acute hospitals. Difficulties with getting a regular physical health review and Health Action Plan, and in transition to adult care were found.

9 With some notable exceptions, dementia services across most of the West Midlands were not yet implementing NICE guidance on diagnosis, assessment and care of people with dementia. Memory assessment services were being established in several areas (some of which did not meet NICE guidance). The role of community mental health teams in the care of people with dementia was not clear in several areas – although this was usually being discussed.

10 Many acute Trusts had undertaken considerable work to improve the identification of particularly vulnerable adults and ensure they received appropriate care. Staff training in adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards was the most frequently identified concern and the development of a standard framework of levels of training and frequency of updating for different staff groups is recommended. Further work to identify best practice in specialist support services for vulnerable adults in acute hospitals is also recommended.

11 Recommendations for further work are made (page 29) and section 110 summarises the responsibilities of organisations for taking action on the findings of individual WMQRS review visits and this Overview Report.

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