Homerton Healthcare
NHS Foundation Trust

HOMERTON COUNCIL OF GOVERNORS

CARE FOR PATIENTS SUFFERING FROM A MENTAL HEALTH CRISIS IN HOMERTON EMERGENCY DEPARTMENT

COG Discussion Paper

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Healthwatch Appointed Homerton Governor

COG Agenda – Presented by Malcolm Alexander, Healthwatch Appointed Governor

CARE FOR PATIENTS SUFFERING FROM A MENTAL HEALTH CRISIS IN HOMERTON ED – VERY LONG WAITS FOR MH BEDS

Introduction

I first examined the problem of long delays in Homerton ED back in 2017 when Healthwatch received information about patients who were suffering a mental health crisis, spending over 8 hours in the ED. Some of those patients were on sections of the MHA and were detained in Homerton ED, even though there is a fully operational mental health hospital (ELFT) next door to the Homerton.

I have personal experience of spending time in ED with patients who are in a mental health crisis and I believe ED is never the right place for a person who is so ill that they have to be detained in ED, probably under s2 of the MHA.

One of the things I discovered at that time was the failure of the NHS to operate legally in relation to the Health and Social Care Act (2012), which requires Parity of Esteem between physical and mental health, i.e. they must be given equal clinical priority by NHS staff.

Patients in Homerton ED, with a mental health diagnosis who did not live in City and Hackney, were not offered a bed by ELFT a few hundred yards from ED, unless they lived in an area where ELFT provides services, or a bed was spot purchased for them by their home MH service. But even when a bed was spot purchased it could be in any part of London or beyond.

Thus, if a patient from south west London (in the area served by Springfield Hospital) was in Homerton ED and needed admission, Homerton ED would request a bed from Springfield and would have to wait until that hospital could provide a bed or was prepared to pay for a bed (spot purchase) from ELFT or a hospital in another part of London. Consequently, many patients remained in Homerton ED for long periods of time until a bed could be found or purchased.

By comparison, if a Hackney patient broke their leg in Manchester, they would not sit in Manchester ED for a day or two until a bed was free in the Homerton, they would be admitted to a Manchester hospital until they were well enough to travel back to London.

Gathering Information from Local Leaders

When we asked **Tracey Fletcher, former Chief Executive of HUH** for more information about the reasons for the patient having to spend extended period of time in the ED, which we regard as potentially harmful to the patient, Tracey replied as follows:

“You have probably outlined a reasonable summary of the situation. Unfortunately, this is not an uncommon event if the patients are from out of the local NEL area. I

assume that on this occasion the patient was from south London if a bed was being sourced in Tooting. It does take the ED department a significant amount of time to locate a bed in these circumstances. ELFT are usually very clear that they cannot take out of area patients unless the "home" organisation contacts them to spot purchase a bed, if indeed they have a bed. Other Trusts seem very reluctant to do this."

In June 2017 Paul Calaminus, Chief Executive of ELFT wrote:

"We will be reviewing our local protocols so that we are more proactive in chasing bed availability in other trusts to establish a full picture more promptly to try and avoid this situation recurring. A greater clarity in this way should enable us to then provide admission to an ELFT bed if necessary, as we do on frequent and multiple occasions throughout the year."

We then wrote to the CCG as follows:

"The situation regarding long stays in ED for patients in a MH crisis is appalling and we have to stop this from happening. Patients cannot be made to suffer because of the failure of commissioners and providers of mental health care, to join up their services for the benefit of patients. Seriously ill patients are being kept in A&E for many hours regardless of the needs of the patient and the duty of parity of esteem laid on every NHS agency. This must stop. It is outrageous that there may be a mental health bed 200 yards away from the patient, but despite the seriousness of the patient's condition, adequate and appropriate care is dependent on 'spot purchasing/commissioning'. The patient comes first. We must work together to solve this problem as a matter of urgency."

The CCG replied:

"There are clear policies about what should happen in these circumstances, and it appears they weren't followed in this case. There is a formal review process underway and whilst it wasn't one of our residents, we will bring the results to the CCG Governance Board. I've cc'd Dave Maher and Rhiannon England in as the CCG managerial and clinical lead commissioners so they can keep you in the loop. You may also want to flag your interest in this case to Navina Evans at ELFT if you've not already done so."

Dr Rhiannon England the former CCG Clinical Lead wrote to Healthwatch on May 18th, 2017, giving a commitment to solving this problem. She said: "I totally agree with you, Malcolm and we will certainly discuss this case, and others, with ELFT. The prime need is to rapidly admit a patient if that is clinically indicated and argue about who pays later. Unfortunately, the mental health bed situation in London is so problematic that I wonder if the LAS are choosing to come to Homerton with people who have acute mental health issues as they are seen and assessed promptly. Many of these patients are known to other trusts already and have been admitted to them in the past- yet they still are brought to Homerton. 25% of all psychiatric liaison patients seen at A&E are from other boroughs so you can see what a workload is being managed. That said – admit to any empty bed promptly has to be the way forward. The same situation arises with section 136s where many, if not all, City of

London 136s are brought to Homerton, which manages them really well. Most of these patients are not C&H residents though (>70% are from other areas), so this is a strain on resources. We will certainly expect Homerton and ELFT to work together to prioritise patient needs and will work towards preventing further situations like this happening again.

Moving forward five years from 2017 to 2022

The current data for patients held in Homerton ED for more than 12hours – <u>after decision to admit</u> - is worse than ever.

2021-2022	Mental Health		
Month	**MH**	**Medical**	**Total**
Apr 21	1		1
May 21	2		2
Jun 21	2		2
Jul 21	1	1	2
Aug 21	2		2
Sep 21	1	2	3
Oct 21	2	1	3
Nov 21	1	1	2
Dec 21	1	4	5
Jan 22	2		2
Feb 22	6	1	7
Mar 22	3	1	4
Apr 22	5		5
May 22	17		17
Jun 22	19		19
Jul 22	9	2	11
Aug 22	18		18
Grand Total	**92**	**13**	**105**

Thus, a patient might wait several hours to be assessed by a psychiatrist, who determines that the patient needs to be admitted and perhaps placed on a section of the MHA. Notice that the number of MH patients held for over 12 hours has massively increased since May 22, and that 92 patients with mental health problems have spent more than 12 hours in Homerton ED, after decision to admit, over the past 17 months.

A patient on s2 of the MHA was recently held in Homerton ED for 48 hours, waiting for a bed to be found, but the investigation into this incident was not about the length of stay in ED, but about the fact that the patient attempted to leave the hospital on two occasions.

For data on the 238 patients with a mental health diagnosis, who waited in ED for admission for over 4 hours see appendix 3.

Breeda McManus, Chief Nurse at Homerton described the current process:
"Previously, prior to Covid and the notable increase in the volume of MH cases, RCAs were completed for DTA's (Decisions to Admit) for > 12hr breaches. Completing this process provided minimal learning so a decision was taken to stop undertaking this process as the learnings from each case were all related to lack of MH bed capacity".

"When there is a long wait escalation is made to the SURGE team and NHSI/E, who assist with trying to identify and support with identifying a bed or plan for patients".

"There has been a lot of discussion in UCCQG (Urgent Care Clinical Quality Group) about increased length of stay in ED. There is a risk on the risk register about patients staying in ED over 4 hours, **we are also in the process of adding a new risk in relation to increased length of stay for MH patients within the ED department."**

Louise Egan, Deputy Chief Nurse for Emergency Care explained the situation as follows:

"Sadly, there is a lack of available mental health beds nationally and therefore patients often have to wait a considerable amount of time for a placement to be found. You might ask why do we not admit them to an acute bed whilst they are waiting, however if they do not have any medical needs this is inappropriate as we need to ensure they receive their care in the correct place, which in this scenario is specialist mental health care which as you know the Homerton do not have an inpatient facility for. Please be assured that whilst they are waiting for placement, we ensure they have meals, are kept hydrated and are transferred onto a bed within a cubicle and are regularly reviewed by both the ED and HPM team".

On September 1st, 2022, I asked Dear Henderson, Borough Director - City & Hackney ELFT

a) To tell me about the latest situation regarding access to beds for patients who live outside the ELFT catchment area.

b) To clarify situation re ELFTs catchment area? E.g. if a Tooting resident was admitted to Homerton ED, would Homerton ELFT admit if a bed was available, or would patient go to Springfield or to a spot purchased bed?

Dean replied:
"There is currently extreme pressure on Acute Mental Health beds across Mental Health Trusts in London. Unfortunately, this has and does mean that on occasions patients have had to wait extended periods in Homerton A&E and other A&Es across London, awaiting admission. ELFT works very closely with HUH, other Mental Health and Acute Trusts to minimise these delays."

"We would expect the local responsible Trust to admit in the first instance e.g. Tooting or to agree to fund an external/private bed if necessary. If we had available bed capacity, we would offer the responsible Trust the option of spot purchasing an

ELFT bed until they can identify a bed locally, Unfortunately, at the present time we are rarely in the position to offer spot purchases to other Trusts."

So, in five year the system has not changed except that the number of patients waiting in ED suffering a mental health crisis has massively increased and there is a massive shortage of beds for patients who are in a mental health crisis.

I also contacted, Sue Graham, Urgent and Emergency Care Programme Director for NHS North East London who wasn't able to provide information about improving access to beds for patients in a mental health crisis who are in NEL EDs, but did describe measures to reduce the use of EDs for urgent mental health care which include:

- London Ambulance Service emergency response cars for each NHS region in London staffed by a paramedic and MH nurse.
- Improving crisis lines and links with 111 referral to acute mental health services
- Single point of access in London for the s136 detention Places of Safety
- Mental Health Learning Disabilities and Autism collaborative to improve access to therapeutic environment

I was told that NEL is busy moving forward with the mental health crisis pathway transformation. But I have not yet found out who is responsible for this**.**

The ICS 'Delivering the City and Hackney Partnership Strategy: Developing Quality Priorities' does not currently include the appalling plight of patients in a mental health crisis, waiting for over 12 hours in EDs, but I have asked Jenny Singleton to include this unacceptable situation in the Quality Priorities. She has acknowledged this request.

PROPOSED ACTIONS

1) **COG and the Board of Homerton Healthcare NHS Trust are asked to acknowledge the gravity of this problem and agree to develop solutions in the short term**

2) **Adequate number of beds must be provided or located to ensure that prolonged waits in ED are stopped.**

3) **Homerton Hospital should work with ELFT and other partners in the City and Hackney Health and Care Partnership and the NEL ICS to reduce and eventually eliminate these very long waits with the aim of bringing waiting times for patients in a mental health crisis back to no more than four hours for admission.**

4) **The considerable trauma suffered by patients who wait more than 12 hours to be admitted to a MH ward should be acknowledged and an apology should be given to each of these patients.**

5) **Arrangement should be made to enable patients who have been through this extended process of waiting for a bed to describe their experience**

RESOLUTION TO COG – 22-9-22

The Council of Governors is concerned about the large number of 12 hour plus waits in the Homerton Emergency Department in recent weeks for patients suffering from a mental health crisis. This is bad for the patients and puts a strain on the ED staff and capacity. It calls upon the Homerton Healthcare NHS Foundation Trust to work with ELFT and other partners in the City and Hackney Health and Care Partnership and the NEL ICS to reduce and eventually eliminate these very long waits with the aim of bringing waiting times for patients in a mental health crisis back to no more than four hours for admission.

Proposed by Malcolm Alexander

Appendix 1 –

On 19th May, Dan Burningham, Head of Service Development for C&H CCG wrote the Healthwatch Hackney:

“Thank you for your letter highlighting concerns about mental health bed management from A&E. Please could we have your permission to share the contents of your letter with East London NHS Foundation Trust. The Trust provide the Psychiatric Liaison service at the Homerton and have a responsibility for finding psychiatric beds for patients in A&E who need a psychiatric admission. We are currently engaged in discussions with ELFT about bed management protocols and I would like to refer to your letter.”

Permission was given to share the Healthwatch letter with ELFT and we also discussed the situation with Dan Burningham, and he explained there had been another patient from Camden who needed a bed but had remained in Homerton ED for an extended period. Dan said that the pan London agreement – the Compact – had not yet been signed by all London CCGs and hospital Trusts. He said there was a protocol in ELFT that dealt with this situation which would need reviewing especially in view of the current situation where beds would be provided, but only if other Trusts confirmed that payment would be made. We also discussed the role of the NHS Constitution in guaranteeing primacy for the patient.

Appendix 2 – Discussion with Briony Sloper, then Deputy Head of Quality at the LAS and now leading health and care in the community covid-19 response and recovery cell for the London Region NHSE/I

Briony said she had met with the pan London group of MH Trusts and told them that a consistent approach needs to be taken in terms of acceptance criteria for MH patients, e.g. "if the person becomes poorly in Lambeth they are taken to a SLaM bed- regardless of whether they are from Barnet or Bournemouth- they can then be transferred later as needed... if you get knocked over in Lambeth you don't sit in ED at Kings until your local hospital can admit you to ICU/orthopaedics".

Briony added that the MH Trusts don't disagree and that the practice of refusing beds in the location that the person becomes ill needs to be exposed in terms of what's best for the patient as it is currently not consistent. This issue has been discussed several times by the pan London group of MH Trusts, but the draft agreement has not yet been signed. It is recognised as an issue and one that must also be agreed before the new pan London s136 pathways are introduced with potentially fewer but more reliably accessible, higher quality and better staffed centres across London. This should enable the patient to be seen where they present, not where they live.

Appendix 3

Patients Waiting >4 Hours at the Homerton - Decision to Admit to Admission

2021-2022	**Mental Health**		
Month	**MH**	**Medical**	**Total**
Apr 21	3	1	4
May 21	7		7
Jun 21	9	4	13
Jul 21	7	4	11
Aug 21	11	1	12
Sep 21	4	9	13
Oct 21	7	8	15
Nov 21	13	21	34
Dec 21	9	37	46
Jan 22	17	9	26
Feb 22	17	9	26
Mar 22	18	11	29
Apr 22	24	17	41
May 22	30	12	42
Jun 22	37	6	43
Jul 22	18	23	41
Aug 22	7	1	8
Grand Total	**238**	**173**	**411**

Malcolm Alexander, Healthwatch Hackney Appointed Homerton Governor