NICE National Institute for Health and Care Excellence

NICE quality standard

Service user experience in adult mental health services

Quality standard

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Contents

This standard is based on CG136.

This standard should be read in conjunction with QS8, QS11, QS84, QS86, QS15, QS23, QS24, QS34, QS39, QS50, QS51, QS53, QS54, QS61, QS88, QS101, QS102, QS95, QS80 and QS115.

Introduction and overview

This quality standard outlines the level of service that people using the NHS mental health services should expect to receive. It covers improving the experience of people using adult NHS mental health services. It does not cover mental health service users using NHS services for physical health problems, or the experiences of families or carers of people using NHS services specifically.

Introduction

Over the past few years several documents and initiatives have highlighted the importance of the service user's experience and the need to focus on improving these experiences where possible.

- Lord Darzi's report 'High quality care for all' (2008) highlighted the importance of the entire service user experience within the NHS, ensuring people are treated with compassion, dignity and respect within a clean, safe and well-managed environment.
- The NHS Constitution (2013) describes the purpose, principles and values of the NHS and illustrates what staff, service users and the public can expect from the service. Since the Health Act came into force in January 2010, service providers and commissioners of NHS care have had a legal obligation to take the Constitution into account in all their decisions and actions.
- The King's Fund charitable foundation has developed a comprehensive policy resource – 'Seeing the person in the patient: the point of care review paper' (2008). Some of the topics explored in the paper are used in the development of this guidance and quality standard.

National initiatives aimed at improving service users' experience of healthcare include NHS Choices, a comprehensive information service that helps people to manage their healthcare and provides service users and carers with information and choice about their care. Initiatives, such as patient advice and liaison services (PALS), have also been introduced.

Despite these initiatives, there is evidence to suggest that further work is needed to deliver the best possible experience for users of NHS services. The Government signalled in its White Paper,

'Equity and excellence: liberating the NHS' (July 2010) that more emphasis needs to be placed on improving service users' experience of NHS care.

High-quality care should be clinically effective, safe and be provided in a way that ensures the service user has the best possible experience of care. This quality standard on service user experience aims to ensure that users of mental health services have the best possible experience of care from the NHS.

This quality standard describes markers of high-quality, cost-effective care that, when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for service users in the following ways:

- enhancing quality of life for people with long-term conditions.
- ensuring that people have a positive experience of care.
- treating and caring for people in a safe environment and protecting them from avoidable harm.

The NHS Outcomes Framework 2011/12 is available from www.dh.gov.uk

In addition, this quality standard should contribute to:

- enhancing quality of life for people with care and support needs.
- ensuring that people have a positive experience of care and support.
- safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

The 2011/12 Adult Social Care Outcome Framework is available from www.dh.gov.uk

It is important that the quality standard is considered by commissioners, healthcare professionals and service users alongside current policy and guidance documents listed in the evidence sources section.

Overview

The quality standard for service user experience in adult mental health requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole care pathway. An integrated approach to provision of services is fundamental to the delivery

of high-quality care to service users.

NICE quality standards are for use by the NHS in England and do not have formal status in the social care sector. However, the NHS will not be able to provide a comprehensive service for all without working with social care communities. In this quality standard care has been taken to make sure that any quality statements that refer to the social care sector are relevant and evidence-based. Social care commissioners and providers may therefore wish to use them, both to improve the quality of their services and support their colleagues in the NHS.

Subject to legislation currently before Parliament, NICE will be given a brief to produce quality standards for social care. These standards will link with corresponding topics published for the NHS. They will be developed in full consultation with the social care sector and will be presented and disseminated in ways that meet the needs of the social care community. As we develop this library of social care standards, we will review and adapt any published NICE quality standards for the NHS that make reference to social care.

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Statement 1. People using mental health services, and their families or carers, feel optimistic that care will be effective.

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Statement 4. People using community mental health services are normally supported by staff from a single, multidisciplinary community team, familiar to them and with whom they have a continuous relationship.

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Statement 6. People can access mental health services when they need them.

Statement 7. People using mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues.

Statement 8. People using mental health services jointly develop a care plan with mental health and social care professionals, and are given a copy with an agreed date to review it.

Statement 9. People using mental health services who may be at risk of crisis are offered a crisis plan.

Statement 10. People accessing crisis support have a comprehensive assessment, undertaken by a professional competent in crisis working.

Statement 11. People in hospital for mental health care, including service users formally detained under the Mental Health Act, are routinely involved in shared decision-making.

Statement 12. People in hospital for mental health care have daily one-to-one contact with mental healthcare professionals known to the service user and regularly see other members of the multidisciplinary mental healthcare team.

Statement 13. People in hospital for mental health care can access meaningful and culturally appropriate activities 7 days a week, not restricted to 9am to 5pm.

Statement 14. People in hospital for mental health care are confident that control and restraint, and compulsory treatment including rapid tranquillisation, will be used competently, safely and only as a last resort with minimum force.

Statement 15. People using mental health services feel less stigmatised in the community and NHS, including within mental health services.

In addition, quality standards that should also be considered when commissioning and providing adult mental health services are listed in related NICE quality standards.

Quality statement 1: Feeling optimistic about care

Quality statement

People using mental health services, and their families or carers, feel optimistic that care will be effective.

Quality measure

Structure: Evidence of local arrangements to ensure that service users are supported to feel optimistic that care will be effective.

Outcome: Evidence from experience surveys and feedback that service users, and their families or carers, feel optimistic that care will be effective.

What the quality statement means for each audience

Service providers ensure systems are in place to collect feedback on the experience of care from service users and their families or carers.

Mental health and social care professionals ensure they support service users, and their families or carers, to feel optimistic that care will be effective.

Commissioners ensure they commission services that support people using mental health services, and their families or carers, to feel optimistic that care will be effective.

People using mental health services, and their families or carers, feel optimistic that care will be effective.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendation 1.1.1.

Data source

Structure: Local data collection.

Outcome: Local data collection. Providers may be able to use questions contained within the national patient surveys available from NHS Surveys. Questions on service users' feelings of optimism are contained within the NHS community mental health survey.

Quality statement 2: Empathy, dignity and respect

Quality statement

People using mental health services, and their families or carers, feel they are treated with empathy, dignity and respect.

Quality measure

Structure: Evidence of local arrangements to ensure that mental health and social care professionals treat service users with empathy, dignity and respect.

Outcome: Evidence from experience surveys and feedback that service users, and their families or carers, feel they are treated with empathy, dignity and respect.

What the quality statement means for each audience

Service providers ensure systems are in place to collect feedback on the experience of care from service users and their families or carers.

Mental health and social care professionals ensure they treat service users, and their families or carers, with empathy, dignity and respect.

Commissioners ensure they commission services that have mental health and social care professionals who treat service users with empathy, dignity and respect.

People using mental health services, and their families or carers, feel they are treated with empathy, dignity and respect.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendation 1.1.1.

Data source

Structure: Local data collection.

Outcome: Local data collection. Providers may be able to use questions contained within the national patient surveys available from NHS Surveys. Questions on treating service users with dignity and respect are contained within:

- NHS mental health inpatient survey (Q18)
- NHS community mental health survey (Q7).

Quality statement 3: Shared decision-making and self-management

Quality statement

People using mental health services are actively involved in shared decision-making and supported in self-management.

Quality measure

Structure:

a) Evidence of local arrangements to ensure that service users are actively involved in shared decision-making.

b) Evidence of local arrangements to ensure that service users are supported in self-management.

Process:

a) Proportion of service users actively involved in shared decision-making.

Numerator – the number of people in the denominator actively involved in shared decision-making.

Denominator – the number of people using mental health services.

b) Proportion of service users supported in self-management.

Numerator – the number of people in the denominator supported in self-management.

Denominator – the number of people using mental health services.

Outcome:

a) Evidence from experience surveys and feedback that service users feel actively involved in shared decision-making.

b) Evidence from experience surveys and feedback that service users feel supported in self-management.

What the quality statement means for each audience

Service providers ensure systems are in place to actively involve service users in shared decision-making and support self-management.

Mental health and social care professionals ensure service users are actively involved in shared decision-making and supported in self-management.

Commissioners ensure they commission services which actively involve service users in shared decision-making and support self-management.

People using mental health services feel actively involved in making decisions about their care and treatment and supported in managing their mental health problem(s).

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendation 1.1.2.

Data source

Structure: a) and b) Local data collection.

Outcome:

a) Local data collection. Providers may be able to use questions contained within the national patient surveys available from NHS Surveys. The NHS mental health inpatient survey (Q27) collects information on involvement in care and treatment decisions. The NHS community mental health survey (Q5, 10, 25 and 33) collects information on taking account of service user views.

b) Local data collection.

Quality statement 4: Continuity of care

Quality statement

People using community mental health services are normally supported by staff from a single, multidisciplinary community team, familiar to them and with whom they have a continuous relationship.

Quality measure

Structure: Evidence of local arrangements to ensure that service users of community mental health services are normally supported by staff from a single, multidisciplinary community team, familiar to them and with whom they have a continuous relationship.

Outcome: Evidence from experience surveys and feedback that service users of community mental health services feel they are normally supported by staff from a single, multidisciplinary community team, familiar to them and with whom they have a continuous relationship.

What the quality statement means for each audience

Service providers ensure systems are in place for service users of community mental health services to normally be supported by a single, multidisciplinary community team familiar to them and with whom they have a continuous relationship.

Mental health and social care professionals ensure that service users of community mental health services are normally supported by a single, multidisciplinary community team and that they maintain a continuous relationship with service users.

Commissioners ensure they commission services in which service users of community mental health services are normally supported by a single, multidisciplinary community team which maintains continuous relationships with service users.

People using community mental health services feel supported throughout their care by a team of staff who they know.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendation

1.4.7.

Data source

Structure: Local data collection.

Outcome: Local data collection.

Quality statement 5: Using views of service users to monitor and improve services

Quality statement

People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services.

Quality measure

Structure:

a) Evidence of local arrangements to collect and use views of service users to monitor and improve the performance of services.

b) Evidence of local arrangements to have service user monitoring of services; for example, using exit interviews undertaken by trained service users.

c) Evidence of local arrangements to provide the executive board with reports on acute and non-acute mental health pathways, with a breakdown of the experience of care according to gender, sexual orientation, socioeconomic status, age, background (including cultural, ethnic and religious background) and disability.

Outcome: Evidence from surveys and feedback that service users feel confident that their views are used to monitor and improve services.

What the quality statement means for each audience

Service providers ensure systems are in place to use the views of service users in monitoring and improving the performance of services.

Mental health and social care professionals ensure service users are provided with opportunities to give feedback on their experience.

Commissioners ensure they commission services that use the views of service users to monitor and improve performance.

People using mental health services are asked about their experience of care and this is used to

monitor and improve the service.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendations 1.1.20, 1.1.21 and 1.1.22.

Data source

Structure:

a) Providers may be able to use questions contained within the national NHS staff survey available from NHS Surveys. The NHS staff survey for mental health trusts (Q5) collects information on whether staff in acute mental health trusts have been trained on how to monitor and use service user feedback to make improvements.

b) and c) Local data collection.

Outcome: Local data collection.

Quality statement 6: Access to services

Quality statement

People can access mental health services when they need them.

Quality measure

Structure:

a) Evidence of local arrangements to ensure agreed referral methods are in place between primary and secondary care.

b) Evidence of local arrangements to ensure that people with a non-acute referral to mental health services have a face-to-face appointment that takes place within 3 weeks of referral (or within 2 weeks of any change of date).

c) Evidence of local arrangements to ensure service users are seen within 20 minutes of the agreed appointment time.

d) Evidence of local arrangements to ensure that people in crisis referred to mental health secondary care services are seen within 4 hours.

e) Evidence of local arrangements to ensure service users have access to a local 24-hour helpline staffed by mental health and social care professionals.

f) Evidence of local arrangements to ensure crisis resolution and home treatment teams are accessible 24 hours a day, 7 days a week, regardless of diagnosis.

g) Evidence of local arrangements to ensure that people admitted to a 'place of safety' are assessed under the Mental Health Act within 4 hours.

Process:

a) Proportion of people with a non-acute referral to mental health services who had a face-to-face appointment that took place within 3 weeks of referral (or within 2 weeks of any change of date).

Numerator – the number of people in the denominator who had a face-to-face appointment that

took place within 3 weeks of referral (or within 2 weeks of any change of date).

Denominator – the number of people with a non-acute referral to mental health services.

b) Proportion of service users who were seen within 20 minutes of the agreed appointment time.

Numerator – the number of people in the denominator who were seen within 20 minutes of the agreed appointment time.

Denominator – the number of service users with an agreed appointment time.

c) Proportion of service users in crisis referred to specialist mental health services who were seen within 4 hours.

Numerator – the number of people in the denominator who were seen within 4 hours.

Denominator – the number of service users in crisis referred to specialist mental health services.

d) Proportion of people admitted to a 'place of safety' who were assessed under the Mental Health Act within 4 hours.

Numerator – the number of people in the denominator who were assessed under the Mental Health Act within 4 hours

Denominator – the number of people admitted to a 'place of safety'.

Outcome:

a) Evidence from experience surveys and feedback that service users with a non-acute referral had a face-to-face appointment that took place within 3 weeks of referral (or within 2 weeks of any change of date).

b) Evidence from experience surveys and feedback that service users with an agreed appointment time were seen within 20 minutes of that time.

c) Evidence from experience surveys and feedback that service users are able to access a local helpline 24 hours a day.

d) Evidence from experience surveys and feedback that service users in crisis referred to specialist mental health services were seen within 4 hours.

e) Evidence from experience surveys and feedback that people admitted to a 'place of safety' were assessed under the Mental Health Act within 4 hours.

What the quality statement means for each audience

Service providers ensure systems are in place to provide access to mental health services when needed.

Mental health and social care professionals ensure services users can access mental health services when they need them.

Commissioners ensure they commission services that provide access to mental health services when needed.

People can access mental health services quickly and easily when needed.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendations 1.2.1, 1.2.3, 1.3.6, 1.5.5, 1.5.6, 1.5.7 and 1.8.8.

Data source

Structure: a) to g) Local data collection.

Process:

a) The outpatient commissioning dataset contains the data needed for calculating waiting times for non-acute appointments. More information available at HES Online.

b) to d) Local data collection.

Outcome: a) and b) Local data collection.

c) Providers may be able to use questions contained within the national patient surveys available

from NHS Surveys. The NHS community mental health survey (Q36 to 39) contains questions on the accessibility of out-of-hours phone numbers.

Definitions

The Mental Health Act 1983 (amended 1995 and 2007).

Quality statement 7: Information and explanations

Quality statement

People using mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues.

Quality measure

Structure: Evidence of local arrangements to ensure that service users assessed by mental health services are provided with explanations and information so they can understand the assessment process, diagnosis and treatment options, and receive emotional support for any sensitive issues.

Process: Proportion of service users assessed by mental health services who were given explanations and information about the assessment process, their diagnosis and treatment options.

Numerator – the number of people in the denominator who were given explanations and information about the assessment process, their diagnosis and treatment options.

Denominator – the number of service users assessed by mental health services.

Outcome:

a) Evidence from experience surveys and feedback that service users assessed by mental health services understand the assessment process, their diagnosis and treatment options.

b) Evidence from experience surveys and feedback that service users assessed by mental health services received emotional support for any sensitive issues.

What the quality statement means for each audience

Service providers ensure systems are in place to provide information so service users can understand the assessment process, their diagnosis and treatment options.

Mental health and social care professionals ensure they provide service users with explanations and information so they can understand the assessment process, their diagnosis and treatment options, and emotionally support them with any sensitive issues.

Commissioners ensure they commission services that provide explanations and information so service users can understand the assessment process, their diagnosis, their treatment options and are emotionally supported with any sensitive issues.

People using mental health services understand the assessment process, their diagnosis and treatment options and receive emotional support for any sensitive issues.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendation 1.3.3.

Data source

Structure: Local data collection. Providers may be able to use questions contained within the national NHS staff survey available from NHS Surveys. The NHS staff survey for mental health trusts (Q5) collects information on whether staff in acute mental health trusts have been trained to give information to service users.

Process: Local data collection.

Outcome:

a) Local data collection.

b) Local data collection.

Quality statement 8: Care planning

Quality statement

People using mental health services jointly develop a care plan with mental health and social care professionals, and are given a copy with an agreed date to review it.

Quality measure

Structure:

a)Evidence of local arrangements to ensure that service users can jointly develop a care plan with mental health and social care professionals.

b) Evidence of local arrangements to ensure that service users are given a copy of their care plan.

c) Evidence of local arrangements to ensure that service users have an agreed date to review their care plan.

Process:

a) Proportion of service users who have a jointly agreed care plan.

Numerator – the number of people in the denominator who have a jointly agreed care plan.

Denominator – the number of service users.

b) Proportion of service users given a copy of their care plan.

Numerator – the number of people in the denominator given a copy of their care plan.

Denominator – the number of service users with a care plan.

c) Proportion of service users with an agreed date to review their care plan.

Numerator – the number of people in the denominator with an agreed date to review their care plan.

Denominator – the number of service users with a care plan.

Outcome:

a) Evidence from experience surveys and feedback that service users jointly developed a care plan.

b) Evidence from experience surveys and feedback that service users were given a copy of their care plan.

c) Evidence from experience surveys and feedback that service users have an agreed date to review their care plan.

What the quality statement means for each audience

Service providers ensure systems are in place to jointly develop care plans, share copies with services users and agree review dates.

Mental health and social care professionals ensure service users have a jointly developed care plan, that they share copies with service users and agree review dates.

Commissioners ensure they commission services that jointly develop care plans with service users, share copies with service users and agree review dates.

People using mental health services jointly develop a care plan with mental health and social care professionals, receive a copy of the care plan and agree a date to review it.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendation 1.4.2.

Data source

Structure: a) to c) Local data collection.

Process: a) to c) Local data collection.

Outcome:

a) Providers may be able to use questions contained within the national patient surveys available from NHS Surveys. Questions on involvement in care plans are contained within the NHS community mental health survey (Q23, 24, 25 and 26).

b) Providers may be able to use questions contained within the national patient surveys available from NHS Surveys. A question on provision of a written copy of the care plan is contained within the NHS community mental health survey (Q29).

c) Providers may be able to use questions contained within the national patient surveys available from NHS Surveys. A question on whether a care review was held in the past 12 months is contained within the NHS community mental health survey (Q30).

Definitions

Care plans should include the needs of the individual service user, activities promoting social inclusion such as education, employment, volunteering and other specified occupations, such as leisure activities and caring for dependants.

Quality statement 9: Crisis planning

Quality statement

People using mental health services who may be at risk of crisis are offered a crisis plan.

Quality measure

Structure: Evidence of local arrangements to ensure that service users who may be at risk of crisis are offered a crisis plan.

Process:

a)Proportion of service users who may be at risk of crisis offered a crisis plan.

Numerator – the number of people in the denominator who are offered a crisis plan.

Denominator – the number of service users who may be at risk of crisis.

b) Proportion of service users accepting an offer of a crisis plan who have a crisis plan.

Numerator – the number of people in the denominator who have a crisis plan.

Denominator – the number of service users accepting an offer of a crisis plan.

Outcome: Evidence from experience surveys and feedback that service users who may be at risk of crisis are offered a crisis plan.

What the quality statement means for each audience

Service providers ensure systems are in place to offer a crisis plan to service users who may be at risk of crisis.

Mental healthcare professionals offer a crisis plan to service users who may be at risk of crisis.

Commissioners ensure they commission services that offer a crisis plan to service users who may be at risk of crisis.

People using mental health services who may be at risk of crisis are offered a crisis plan.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendations 1.1.11, 1.1.12 and 1.4.5.

Data source

Structure: Local data collection.

Process: a) and b) Local data collection. The mental health minimum dataset contains data on creation of crisis plans for people on a Care Programme Approach (CPA) only. More information available at HES Online.

Outcome: Local data collection. Providers may be able to use questions contained within the national patient surveys available from NHS Surveys. A question on crisis planning is contained within NHS community mental health survey (Q28).

Definitions

A crisis plan should contain:

- possible early warning signs of a crisis and coping strategies
- support available to help prevent hospitalisation
- where the person would like to be admitted in the event of hospitalisation
- the practical needs of the service user if they are admitted to hospital (for example, childcare or the care of other dependants, including pets)
- details of advance statements and advance decisions
- whether and the degree to which families or carers are involved
- information about 24-hour access to services
- named contacts.

Quality statement 10: Assessment in a crisis

Quality statement

People accessing crisis support have a comprehensive assessment, undertaken by a professional competent in crisis working.

Quality measure

Structure:

a) Evidence of local arrangements to ensure that service users accessing crisis support have a comprehensive assessment.

b) Evidence of local arrangements to ensure that professionals who assess people in crisis are competent in crisis working.

Process: Proportion of service users accessing crisis support who have a comprehensive assessment.

Numerator – the number of people in the denominator who have a comprehensive assessment.

Denominator – the number of service users accessing crisis support.

Outcome: Evidence from experience surveys and feedback that service users accessing crisis support were asked about their relationships, their social and living circumstances and level of functioning, as well as their symptoms, behaviour, diagnosis and current treatment.

What the quality statement means for each audience

Service providers ensure systems are in place for service users accessing crisis support to have a comprehensive assessment undertaken by a professional competent in crisis working.

Mental health and social care professionals ensure service users accessing crisis support have a comprehensive assessment by a professional competent in crisis working.

Commissioners ensure they commission crisis support services in which professionals competent in crisis working undertake comprehensive assessments.

People accessing crisis support have an assessment in which they are asked about their living conditions, how well they are managing in everyday life, their relationships, symptoms, behaviour, diagnosis and any treatment they are having.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendation 1.5.3.

Data source

Structure: a) and b) Local data collection.

Process: Local data collection.

Outcome: Local data collection.

Definitions

A comprehensive assessment includes details of the person's:

- relationships with others
- social and living circumstances
- level of functioning
- symptoms
- behaviour
- diagnosis
- current treatment.

Quality statement 11: Inpatient shared decision-making

Quality statement

People in hospital for mental health care, including service users formally detained under the Mental Health Act, are routinely involved in shared decision-making.

Quality measure

Structure: Evidence of local arrangements to ensure that service users in hospital, including service users formally detained under the Mental Health Act, are routinely involved in shared decision-making.

Outcome: Evidence from experience surveys and feedback that service users in hospital, including service users formally detained under the Mental Health Act, feel routinely involved in shared decision-making.

What the quality statement means for each audience

Service providers ensure systems are in place to routinely involve service users in hospital, including service users formally detained under the Mental Health Act, in shared decision-making.

Mental health and social care professionals ensure they involve service users in hospital, including service users formally detained under the Mental Health Act, in shared decision-making.

Commissioners ensure they commission services that routinely involve service users, including service users formally detained under the Mental Health Act, in shared decision-making.

People in hospital for mental health care feel involved in making decisions about their care, even when they are formally detained under the Mental Health Act.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendation 1.6.3.

Data source

Structure: Local data collection.

Outcome: Providers may be able to use questions contained within the national patient surveys available from NHS Surveys. A question on involvement in decisions is contained within the NHS mental health inpatient survey (Q27).

Definitions

The Mental Health Act 1983 (amended 1995 and 2007).

Quality statement 12: Contact with staff on wards

Quality statement

People in hospital for mental health care have daily one-to-one contact with mental healthcare professionals known to the service user and regularly see other members of the multidisciplinary mental healthcare team.

Quality measure

Structure:

a) Evidence of local arrangements to ensure that service users in hospital can see a mental healthcare professional known to the service user on a one-to-one basis every day for at least 1 hour.

b) Evidence of local arrangements to ensure that service users in hospital can see their consultant on a one-to-one basis at least once a week for at least 20 minutes.

c) Evidence of local arrangements to ensure that service users in hospital are given an opportunity to meet a specialist mental health pharmacist.

Process:

a) Proportion of service users in hospital who saw a mental healthcare professional known to the service user on a one-to-one basis every day for at least 1 hour.

Numerator – the number of people in the denominator who saw a mental healthcare professional known to the service user on a one-to-one basis every day for at least 1 hour.

Denominator – the number of service users in hospital.

b) Proportion of service users in hospital who saw their consultant on a one-to-one basis at least once a week for at least 20 minutes.

Numerator – the number of people in the denominator who saw their consultant on a one-to-one basis at least once a week for at least 20 minutes.

Denominator – the number of service users in hospital.

c) Proportion of service users in hospital who saw a specialist mental health pharmacist.

Numerator – the number of people in the denominator who saw a specialist mental health pharmacist.

Denominator – the number of service users in hospital.

Outcome:

a) Evidence from experience surveys and feedback that service users in hospital see a mental healthcare professional known to the service user on a one-to-one basis every day for at least 1 hour.

b) Evidence from experience surveys and feedback that people in hospital see their consultant on a one-to-one basis at least once a week for at least 20 minutes.

c) Evidence from experience surveys and feedback that people in hospital know they can meet a specialist mental health pharmacist.

What the quality statement means for each audience

Service providers ensure systems are in place for service users in hospital to have daily one-to-one contact with mental healthcare professionals known to the service user and regularly see other members of the multidisciplinary mental healthcare team.

Mental healthcare professionals ensure service users in hospital can have daily one-to-one contact with mental healthcare professionals known to the service user and regularly see other members of the multidisciplinary mental healthcare team.

Commissioners ensure they commission services that provide service users in hospital for mental health treatment and care with daily one-to-one contact with mental healthcare professionals known to the service user and the opportunity to see other members of the multidisciplinary mental healthcare team.

People in hospital for mental health care have daily one-to-one contact with mental healthcare professionals known to them and regularly see other members of the multidisciplinary mental

healthcare team.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendation 1.6.6.

Data source

Structure: a) to c) Local data collection.

Process: a) to c) Local data collection.

Outcome:

a) and b) Local data collection. Providers may be able to use questions contained within the national patient surveys available from NHS Surveys. Questions on time to discuss conditions and treatments are contained within

- NHS mental health inpatient survey (Q16 and 20)
- NHS community mental health survey (Q8).

c) Local data collection.

Definitions

One-to-one meetings should not be undertaken as part of the multidisciplinary ward meetings which are for the clinical administration of the ward.

Recommendation 1.6.6 states:

Offer service users in hospital:

- daily one-to-one sessions lasting at least 1 hour with a healthcare professional known to the service user
- regular (at least weekly) one-to-one sessions lasting at least 20 minutes with their consultant
- an opportunity to meet with a specialist mental health pharmacist to discuss medication

- choices and any associated risks and benefits.

Daily one-to-one sessions with healthcare professionals known to the service user need not be one session that lasts an hour. The hour contact could be made up of shorter sessions and spread throughout the day.

Quality statement 13: Meaningful activities on the ward

Quality statement

People in hospital for mental health care can access meaningful and culturally appropriate activities 7 days a week, not restricted to 9am to 5pm.

Quality measure

Structure: Evidence of local arrangements to ensure that service users in hospital have access to meaningful and culturally appropriate activities 7 days a week, not restricted to 9am to 5pm.

Outcome: Evidence from experience surveys and feedback that service users in hospital feel they can access meaningful and culturally appropriate activities 7 days a week, not restricted to 9am to 5pm.

What the quality statement means for each audience

Service providers ensure systems are in place for service users in hospital to access meaningful and culturally appropriate activities 7 days a week, not restricted to 9am to 5pm.

Mental healthcare professionals ensure service users in hospital have access to meaningful and culturally appropriate activities 7 days a week, not restricted to 9am to 5pm.

Commissioners ensure they commission services that provide service users in hospital with meaningful and culturally appropriate activities 7 days a week, not restricted to 9am to 5pm.

People in hospital for mental health care feel they can join in with a range of activities, including creative and leisure activities and exercise, 7 days a week and throughout the day and evenings.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendation 1.6.9.

Data source

Structure: Local data collection.

Outcome: Local data collection. Providers may be able to use questions contained within the national patient surveys available from NHS Surveys. The NHS mental health inpatient survey (Q31 and 32) contains questions on the provision of activities on the ward on weekdays and at the weekend.

Definitions

Meaningful and culturally appropriate activities should include creative and leisure activities, exercise, self-care and community access activities (where appropriate). Activities should be facilitated by appropriately trained health or social care professionals.

Quality statement 14: Using control and restraint, and compulsory treatment

Quality statement

People in hospital for mental health care are confident that control and restraint, and compulsory treatment including rapid tranquillisation, will be used competently, safely and only as a last resort with minimum force.

Quality measure

Structure:

a) Proportion of professionals using control and restraint, and compulsory treatment including rapid tranquillisation, who are trained to do so.

Numerator – the number of professionals in the denominator who are trained to use control and restraint safely and as a last resort.

Denominator – the number of professionals using control and restraint, and compulsory treatment including rapid tranquillisation.

b) Evidence of local arrangements to ensure control and restraint, and compulsory treatment including rapid tranquillisation, are used as a last resort with minimum force and only after all means of negotiation and persuasion have been tried.

Outcome: Evidence from experience surveys and feedback that service users in hospital feel control and restraint, and compulsory treatment including rapid tranquillisation, are used as a last resort with minimum force.

What the quality statement means for each audience

Service providers ensure systems are in place to train professionals in the safe use of control and restraint, and compulsory treatment including rapid tranquillisation.

Mental healthcare professionals usingcontrol and restraint, and compulsory treatment including rapid tranquillisation, ensure they are trained in its safe use and use it as a last resort with minimum force.

Commissioners ensure they commission services that train professionals in the safe use of control and restraint, and compulsory treatment including rapid tranquillisation.

People in hospital for mental health care who need to be controlled or restrained or have treatment without their agreement (such as medication to calm them quickly) receive them only from trained staff. They are only used as a last resort, using minimum force and making sure that the person is safe.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendation 1.8.10.

Data source

Structure:

a) The NSLA risk management standards contain requirements on the processes in place in mental health and learning disability organisations for managing risks associated with rapid tranquillisations (Standard 4, criterion 8). Providers may be able to use questions contained within the national NHS staff survey available from NHS Surveys. The NHS staff survey for mental health trusts (Q5) collects information on training to prevent or handle violence and aggression to staff and service users.

b) Local data collection.

Outcome: Local data collection.

Quality statement 15: Combating stigma

Quality statement

People using mental health services feel less stigmatised in the community and NHS, including within mental health services.

Quality measure

Structure: Evidence of local arrangements to ensure that a strategy is developed with other local organisations to combat stigma in the community and NHS that is associated with mental health problems and using mental health services.

Outcome: Evidence from experience surveys and feedback that service users feel less stigmatised in the community and NHS, including within mental health services.

What the quality statement means for each audience

Service providers ensure strategies are in place to work with other local organisations to combat the stigma in the community and NHS that is associated with mental health problems and using mental health services.

Mental health and social care professionals ensure they work to combat the stigma in the community and NHS that is associated with mental health problems and using mental health services.

Commissioners ensure they commission services that work with other local organisations to combat the stigma in the community and NHS that is associated with mental health problems and using mental health services

People using mental health services feel less stigmatised in the community and NHS, including within mental health services.

Source guidance

'Service user experience in adult mental health' (NICE clinical guidance 136) recommendations 1.1.7 and 1.1.9.

Data source

Structure: Local data collection.

Outcome: Local data collection.

Using the quality standard

It is important that the quality standard is considered alongside current policy and guidance documents listed in the development sources section.

Commissioning support and information for service users

NICE has produced a support document to help commissioners and others consider the commissioning implications and potential resource impact of this quality standard. Information for people using the quality standard is also available on the NICE website.

Quality measures and national indicators

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of healthcare. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so aspirational achievement levels are likely to be 100% (or 0% if the quality statement states that something should not be done). However, it is recognised that this may not always be appropriate in practice taking account of service user safety, service user choice and clinical judgement and therefore desired levels of achievement should be defined locally.

We have indicated where national indicators currently exist and measure the quality statement. National indicators include those developed by the NHS Information Centre through their Indicators for Quality Improvement Programme. For statements where national quality indicators do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of healthcare.

See NICE's what makes up a NICE quality standard? for further information, including advice on using quality measures.

Diversity, equality and language

Good communication between health and social care professionals and service users is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities,

and to people who do not speak or read English. Service users should have access to an interpreter or advocate if needed.

In this quality standard, families and carers include relatives, friends, non-professional advocates and significant others who play a supporting role for the person using mental health services. If the service user agrees, families and carers should have the opportunity to be involved in decisions about treatment and care. Families and carers should also be given the information and support they need.

Development sources

Evidence sources

The documents below contain clinical guideline recommendations or other recommendations that were used by the GDG to develop the quality standard statements and measures.

Service user experience in adult mental health. NICE clinical guidance 136 (2011).

National Collaborating Centre for Mental Health (2011) Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services.

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

Department of Health (2013) The NHS Constitution for England.

Department of Health (2011) Equity and excellence: Liberating the NHS.

Department of Health (2011) No health without mental health: a cross-government mental health outcomes strategy for people of all ages.

HMSO (2009) The Health Act 2009.

Goodrich J, Cornwell J (2008) Seeing the person in the patient. The Point of Care review paper. London: Kings Fund, p6–17.

Darzi A (2008) High Quality Care for all: NHS Next Stage Review Final Report.

Department of Health (2005) Delivering race equality in mental health care: an action plan for reform inside and outside services and the government's response to the independent inquiry into the death of David Bennett.

Definitions and data sources

References included in the definitions and data sources sections can be found below:

Commissioning dataset definitions available from www.datadictionary.nhs.uk

Mental health minimum dataset definitions available from www.datadictionary.nhs.uk

Hospital episode statistics.

NHS mental health inpatient survey. Available from www.cqc.org.uk

NHS mental health community survey. Available from www.cqc.org.uk

NHS staff survey. Available from www.cqc.org.uk

Related NICE quality standards

Patient experience in adult NHS services. NICE quality standard (2012).

The Guideline Development Group and NICE project team

Guideline Development Group

Dr Mike Crawford (chair)
Reader in Mental Health Services Research

Dr Diana Rose (chair)
Senior Lecturer, Service User Research Enterprise (SURE)

Dr Janice Allister
GP Locum, Peterborough

Ms Siobhan Armstrong
Lead Nurse-Intensive Case Reviews, Newcastle and North Tyneside Primary Care Trusts and Northumberland Care Trust'

Mr Adam Black
Representing service user and carer interests

Ms Beverley Costa
CEO and Clinical Director, Mothertongue counselling and listening service

Dr Jane Cronin-Davis
Senior Lecturer, York St John University

Ms Jan Cubison
Clinical Service Manager

Ms Victoria Green
Representing service user and carer interests

Professor Tim Kendall
Director, National Collaborating Centre for Mental Health (GDG Facilitator)

Ms Mary Nettle
Representing service user and carer interests

Mr Leroy Simpson
Representing service user and carer interests

Mr Clive Travis
Representing service user and carer interests

Mr Peter Woodams
Representing service user and carer interests

NICE project team

Fergus Macbeth
Director

Lorraine Taylor
Associate Director

Craig Grime
Lead Analyst

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About this quality standard

NICE quality standards are a set of specific, concise statements and associated measures. They set out aspirational, but achievable, markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions. Derived from the best available evidence such as NICE guidance and other evidence sources accredited by NHS Evidence, they are developed independently by NICE, in collaboration with NHS and social care professionals, their partners and service users, and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

We have produced a summary for service users and carers.

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Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Anxiety UK
- British Association for Counselling and Psychotherapy
- Mind
- Royal College of Nursing