The CORE Study in Surrey & Borders Partnership NHS FT

Core Learning Collaborative

27th April 2015

Dr Maria Geoghegan – Consultant Psychologist & Resource Kit Facilitator

Mental Health Services

For a better life
Surrey & Borders Partnership NHS Foundation Trust

- A leading provider of mental health care
- Serve a population of 1.3 million people across Surrey & North East Hampshire
- 5 Home Treatment Teams
- 3 HTTs are involved in CORE Project
- Two active teams, Redhill HTT & Chertsey HTT

For a better life
Home Treatment Teams interface with many other teams and services. This can present challenges for both HTT clinicians and people who use HTT.

Dr Ward Lawrence (Chertsey HTT) – Challenges this presents

Lloyd Bisnouth (Redhill HTT) – Initiatives to improve interface with our Community Teams and A&E Liaison
REFERRALS AND NON REFERRALS

Dr Ward Lawrence and Panashe Hwata
Surrey and Borders Partnership NHS Foundation Trust
MULTIPLE SOURCES OF REFERRALS

- INPATIENTS
- EIP/CMHT/AOT
- EATING DISORDERS
- FORENSIC INC COURT AND CUSTODY DIVERSION
- LIAISION
- AMHPS
- DAT
- CRISIS LINE
- CAMHS
REFERRAL PROBLEMS

- A GREAT DEAL OF TIME IS SPENT DEALING WITH REFERRALS AND REFERRERS
- LACK OF CONSISTANCY IN INFORMATION PROVIDED (SELLING PATIENTS)
- DIFFERING EXPECTATIONS OF SERVICE
- NEGATIVE IMPACT ON PATIENT AND CARERS
- MAJOR CAUSE OF POOR WORKING RELATIONSHIPS WITH REFERRERS
REDUCING INAPPROPRIATE REFERRALS

- CONSISTANT CRHT MODEL AGREED WITHIN TEAM, WITH TRUST MANAGERS AND OTHER SERVICE PROVIDERS (OUR MODEL STILL STATES PATIENTS WOULD OTHERWISE BE ADMITTED)
- REGULAR MEETINGS WITH REFERERS (BUT TOO MANY TEAMS)
- TELEPHONE DISCUSSION
- DON’T TAKE PATIENTS EVEN IF EASIER TO DO SO THAN REFUSE
- DON’T TAKE PATIENTS EVEN IF THEY WILL HAVE TO WAIT TO SEE ANOTHER SERVICE
- AUDIT PATIENT OUTCOMES FOR PATIENTS NOT ACCEPTED