

**Compliance Team – Health Records**

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## FOI REQUEST NUMBER 35 2015

**Request:**

**Subject:** Non-medical Responsible Clinician pilot

Please supply us with all information NSFT holds regarding this pilot, including:

- a) any reports/evaluations/budgets/cost-benefit analyses/presentations relating to the pilot;
- b) opinions/information/emails containing views or concerns about the legality of a social worker as the RC as implemented at NSFT and whether any division of medical/non-medical RC responsibility meets the requirements of both:
  - i) European Law which states that detention/treatment has to be medical, and
  - ii) the Mental Health Act's Code of Practice, specifically 'A patient's Responsible Clinician should be the available Approved Clinician with the most appropriate expertise to meet the patient's main treatment needs. The choice of RC should be based on the individual needs of the patient concerned.'
- c) clarification of whether it is true that the pilot postholder has given medication advice at Tribunals, as we have been informed
- d) confirmation of whether it is true that the pilot postholder has refused to accept referrals from consultant psychiatrists, as we have been informed
- e) the salary band of the pilot postholder and any additional payments/benefits made
- f) details of any payments/benefits made to the postholder's supervisor(s) during the pilot related to the pilot;

**Response:**

Thank you for your recent request under the Freedom of Information Act I apologise for the delay in responding. I can confirm the following:-

- a) any reports/evaluations/budgets/cost-benefit analyses/presentations relating to the pilot; - **Please see attached documentation.**
- b) opinions/information/emails containing views or concerns about the legality of a social worker as the

RC as implemented at NSFT and whether any division of medical/non-medical RC responsibility meets the requirements of both: i) European Law which states that detention/treatment has to be medical, and ii) the Mental Health Act's Code of Practice, specifically 'A patient's Responsible Clinician should be the available Approved Clinician with the most appropriate expertise to meet the patient's main treatment needs. The choice of RC should be based on the individual needs of the patient concerned.' - **Please see the attached documentation. To search , locate and collate emails across the Trust would be over the 18 hours appropriate time limit set under the Freedom of Information Act. It should be noted that the 2007 amendments to the Mental Health Act clearly allows for non-medical Approve Clinician/Responsible Clinician and that there is no bar on Social Workers.**

c) clarification of whether it is true that the pilot post holder has given medication advice at Tribunals, as we have been informed - **The post holder has confirmed that he has made statements about medication based on advice from the medics working alongside him. There are no transcripts of Tribunal Hearings, so it is impossible to provide evidence of this. The post holder would not be clinically competent to provide advice on prescribing, although would be able to contribute to discussions. The Medical Director has confirmed that he is not aware that the post holder has advised on prescribing.**

d) confirmation of whether it is true that the pilot post holder has refused to accept referrals from consultant psychiatrists, as we have been informed? **The Medical Director has confirmed that every clinician can decide whether a case is appropriate for them to take on or not. The post holder has confirmed that he has turned cases down for Community Treatment Orders for clinical and risk reasons. This is no different to medical community Responsible Clinicians not accepting a case – which also happens. The Trust does not have any written evidence, complaints or expressions of concern made contemporaneously regarding poor clinical practice or unsafe management of cases arising from non-acceptance of a case.**

e) the salary band of the pilot post holder and any additional payments/benefits made – **Agenda for Change Band 8c, usual NHS contractual benefits at this banding.**

f) details of any payments/benefits made to the post holder's supervisor(s) during the pilot related to the pilot - **None**

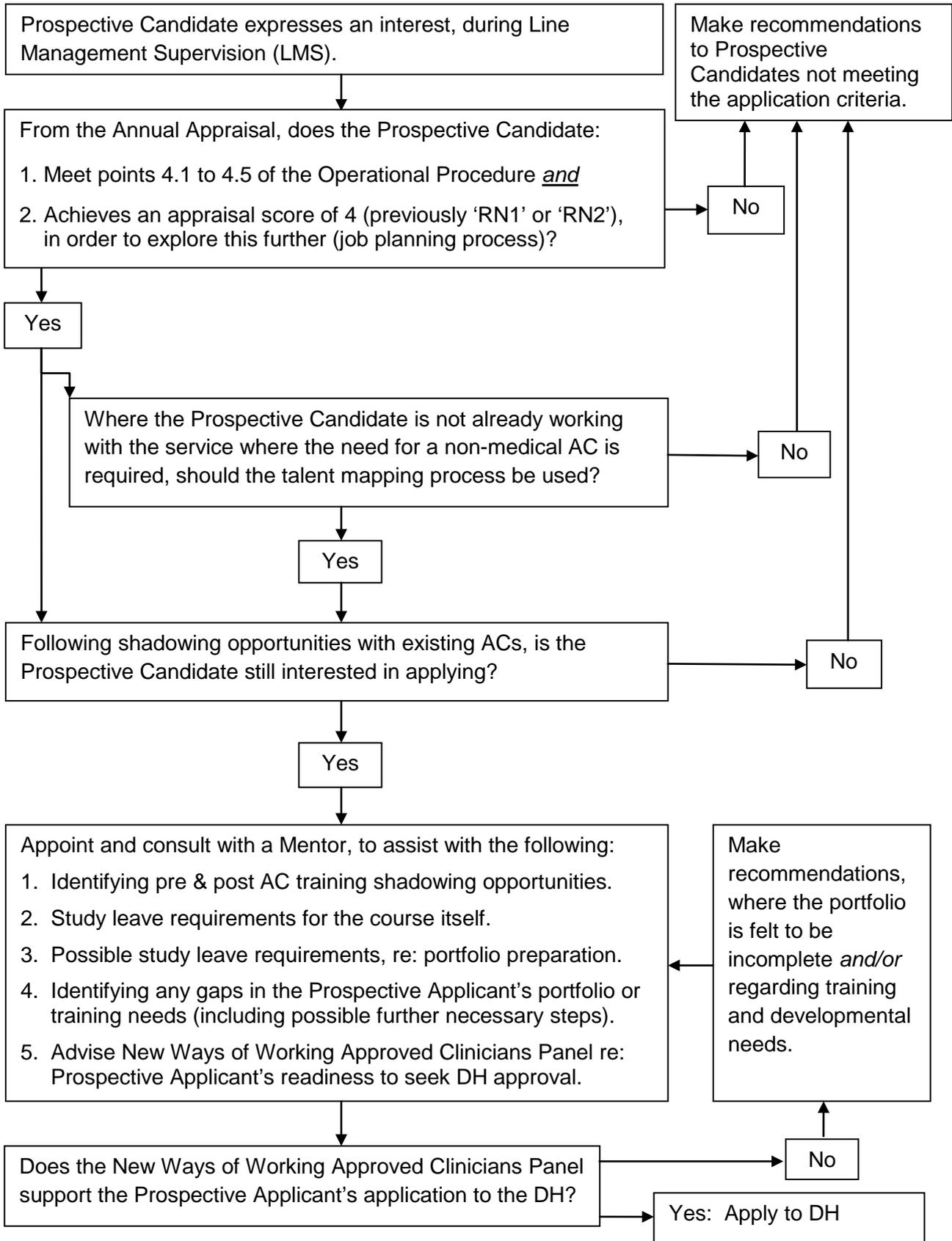
The Trust provides a complaints procedure to deal with complaints about the Trust's handling of requests for information. If you feel you need to make a complaint, in the first instance, you should contact a Non-Executive Director via the Chair of the Trust. If you feel you have exhausted our internal complaints procedure, you also have the right and may feel you wish to write to the Information Commissioner who can be contacted on telephone number 01625 545740 or at [www.ico.gov.uk](http://www.ico.gov.uk).

Approved Clinician /  
Responsible Clinician:  
New Ways of Working  
  
Pilot Project from  
October 2013 to March 2015  
Executive Summary

by Miles France, on 1.10.2014

- 1.1 The development of a more diverse Approved Clinician workforce is government policy.
- 1.2 Although enshrined in legislation in 2007, the development of New Ways of Working has been slow in this area; Northumberland are a notable exception, with a revised 5 year plan for 20% of their Approved Clinician workforce to be non-medically trained by April 2015.
- 1.3 The first 3 [non-medical] ACs – from Cumbria & Northumberland - were approved in 2010.
- 1.4 Following interest from experienced clinicians within the Trust, NSFT set up a working party entitled 'Approved Clinician / Responsible Clinician: New Ways of Working.'
- 1.5 Miles France became the first NSFT [non-medical] staff member to become approved, in February 2013. He is also the first Social Worker in England, to have achieved AC status.
- 1.6 Annette Duff, Nurse Consultant with Secure Services, was approved in May 2013.
- 1.7 An initial pilot was started on 1.10.2013; Miles France is the Responsible Clinician for a group of CTO patients in central Norfolk. Although the number of Patients was originally set at 12 for the pilot's duration, it now will cover all of South Central's Adult Service Line.
- 1.8 This reduces Consultants' workloads, thus enabling colleagues to concentrate on other duties and leadership functions.
- 1.9 Front line staff are developing an increased role in the complex decision making and risk management processes, viz other [non-medical] Approved Clinician sites in England.
- 1.10 At the time of writing this document (w/e 29.9.2014), 17 Patients were in scope; since 1 is awaiting re-housing & 1 has just been discharged on a CTO the KPI statistical information is based upon the first 15 Patients. Each Patient acts as their own pre and post control.
- 1.11 Other than one re-admission to hospital, there have been no negative KPIs (be it recalls or revocations to a mental health hospital or treatment at / admissions to general hospitals).
- 1.12 The number of bed days used for the first 15 patients was 85 days (mean av. 5.7 days) in the post pilot period, compared with 2065 days (mean av. 137.7 days) in the pre-pilot period. This might potentially save 1980 bed days or £990 900 (OOA cost = £505 per day)
- 1.13 It is anticipated that the total saving for the 18 month initial pilot will be circa £750 000, including the salary of the pilot's post-holder (Band 8c salary, with on-costs).
- 1.14 There is no discernible difference in face-to-face time between Consultant colleagues and the pilot's Responsible Clinician (mean average time is 39.3 minutes, per contact). This is in spite of positively focussing upon vital psycho-social issues and concerns.
- 1.15 Some notable differences appear to be promoting effective changes in working practices:
  - The frequency and consistency of input from the [non-medical] Responsible Clinician.
  - A clear understanding of the Patient journey into mental health services, documenting progressive signs/symptoms of acuity, crisis management plans and recovery goals.
  - Hospital Managers and the MHA Administrators have been very positive about the overall improvement in quality of the written and oral evidence presented to them.
  - Appendix 2 also provides independent feedback from Patients and front line staff.
  - There has been a sustained reduction in substance abuse (4 Patients), minimisation of harm (7 other Patients) and support to minimise a partner's use of alcohol (1 Patient).
  - Where it is safe enough to do so – and with other additional strategies designed to augment treatment – it has been possible to reduce some Patients medication levels.
  - Nine Patients are actively engaged in meaningful occupation - ranging between 1 - 3 activities, 3 - 33 hours of participatory time, with a mean average of 12.2 hours pp - totalling 109.75 hours per week. 1 Patient is engaged with the Recovery College and is hoping to co-facilitate a course re: aspects / implications of the Mental Health Act.
  - Agreeing clear pathways for discharging patients off CTOs, with closer collaboration with the Recovery College, in order to sustain an increased level of insight pro-term.

## Appendix 1: Expressions of Interest and Applying for AC Approval



This is taken from "The Selection and Appointment of Approved Clinicians" procedure.

**Appendix 2****Commercial Development**

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Tel: 01603 421502

1<sup>st</sup> October 2014

**Re: Evidence Collected for NHS Leadership Recognition Award – Miles France**

Please find below a summary of feedback from staff and service users, collected to support Miles' nomination by Dr. Jane Sayer (NSFT's Director of Nursing, Quality and Patient Safety) for the NHS Leadership Recognition Award for Development Champion. This in relation to his work in the [non-medical] Approved Clinician role.

I would add to the comments below, to say that the overall impression I got from everyone I spoke to was that not only is Miles highly regarded by his team and colleagues but they all feel that the role he is doing is extremely important and is starting to show a real impact with our service users.

- I have worked with Miles in a variety of professional settings over the past 20 years, and have always known him to be a practitioner of immense integrity and someone who always works with service users in the most collaborative way possible, even at times of greatest challenge for the individual in relation to Mental Health Act work. In his current position he is considered invaluable, leading the way not only within NSFT but within mental health. He is championing the role of non-medical ACs, tirelessly working with colleagues to promote the benefits and disseminating information to help others develop their own models of care. He is also incredibly supportive of other professionals and inclusive in the way he works.
- Within NSFT, he has successfully engaged consultant psychiatrists (through attendance at the Medical Advice Committee and collaborative discussions), worked closely with care coordinators and front line staff to engage them in working more holistically with patients and understanding the functions of CTOs and - by attending conferences and local groups - ensured that carers are fully informed and engaged in the process; individual family members have also been involved in dialogues about Patient's personalised care and treatment.
- Miles has put himself forward for the role of Non-Medical Approved Clinician in NSFT and recently having witnessed the work he is doing in that role and the way in which he is working with an individual, to help that person achieve recovery goals that previously would not have been encouraged by a more traditional approach, gives me hope that we are moving towards a more optimistic approach to people who use our service for a life beyond mental illness. He is setting a standard that others will want to follow.
- He is standing up and being counted, and by leading the way in this role for the Trust, where others have feared to tread. This dedication is changing the way staff think about their work and inspiring others to follow his path. Miles has fast become a resource that makes the role feel achievable and allows patients to remain active and involved in their care.
- On Thursday 14<sup>th</sup> August 2014, the Hospital Managers held a very complex discussion for a female CTO patient, who is being treated with clozapine and is facing possible chemotherapy

treatment. The Managers were particularly impressed with a number of facets of Miles France's presentation to the panel, including:

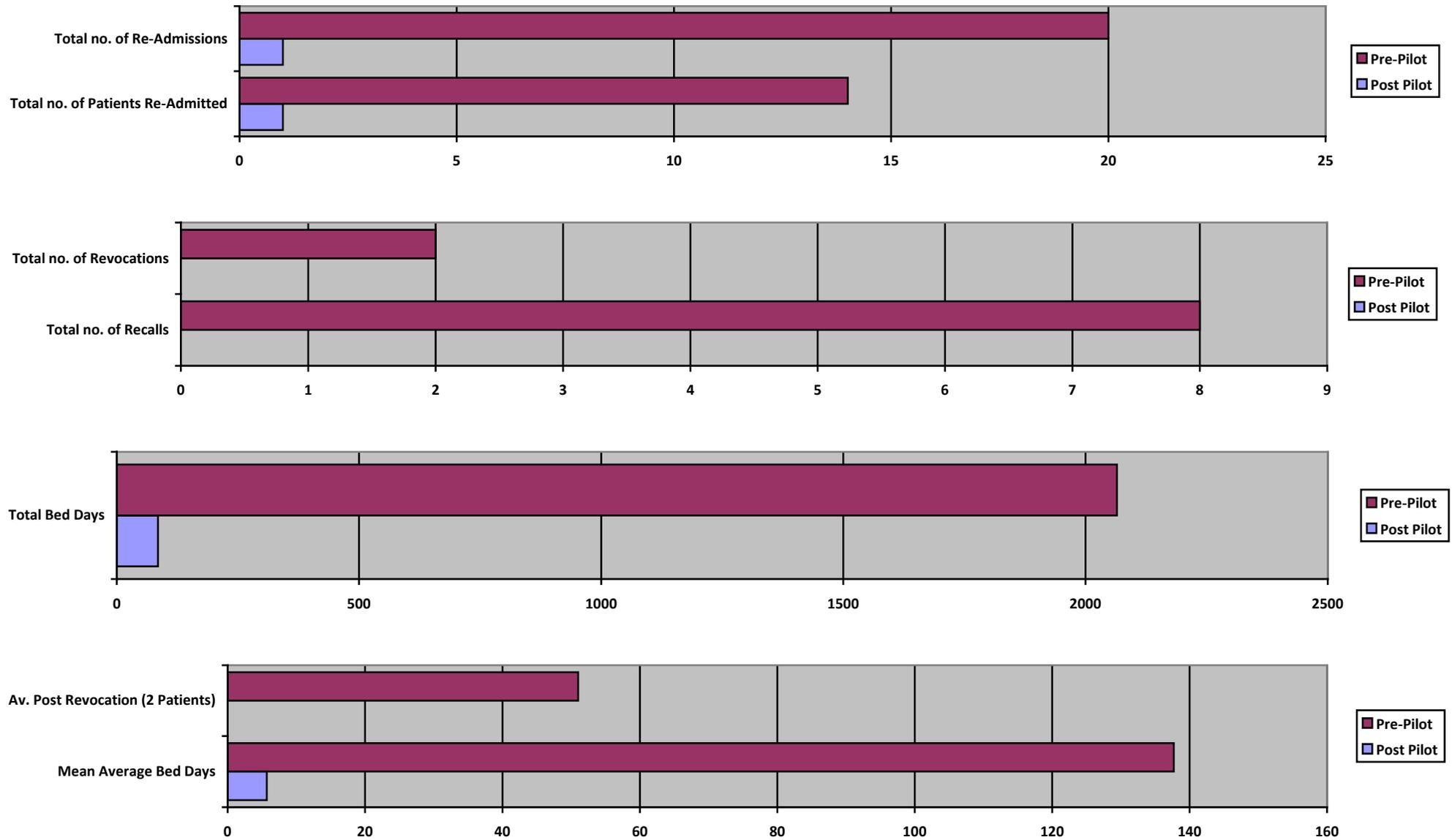
- A deep understanding of the case, in terms of the high quality report and oral evidence.
- A passionate, patient centred approach, balancing rights and responsibilities.
- Comments from various panels have also been highly complementary and it was thought that this ought to be brought to your attention.
- Miles current role within the team is vitally important for the team to work efficiently with service users who are under a community treatment order.
- Miles has acted correctly and very professionally when working with service users, informing a service user of their rights regarding appealing against their CTO - Miles liaised with the Mental Health Act Administrator to inform them of the service user's wishes, aware that the service user lacks motivation to do this.
- Miles keeps all relevant members of the team updated regarding service users' progress, any issues etc.
- Miles kindly offered to do a presentation for the DCLL team on CTOs, in September 2014 – we recently had to recall a patient and as we don't often have CTO patients, staff struggled. Miles used this lady as the example and gave some background. This was very well received by the team and he has also given us his contact details in case we need advice in the future.
- Not only is Miles to be commended for his achievement but for using it to challenge the established procedures and working towards a way to bring better outcomes and quality of life for our service users and acting as an inspiration to others who might want to step up and challenge the norm for the good of individuals in our care.

I'm happy to provide further details of the award and the feedback received, if required.

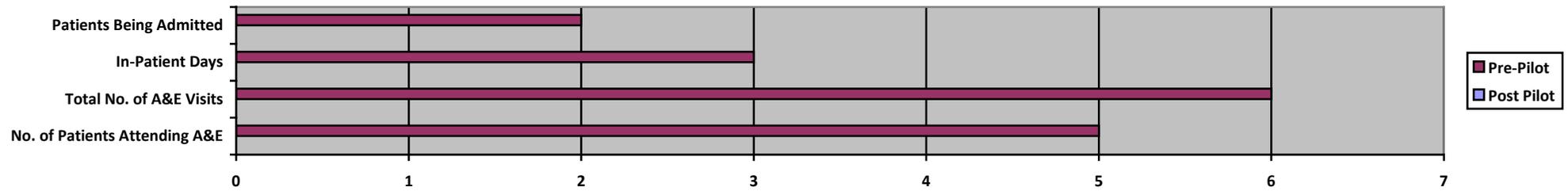
**Emma-Louise Clayton**  
**Commercial Development Officer**

# Appendix 3: KPIs Data Charts for the first 15 Patients (data analysis finalised on 29.9.2014)

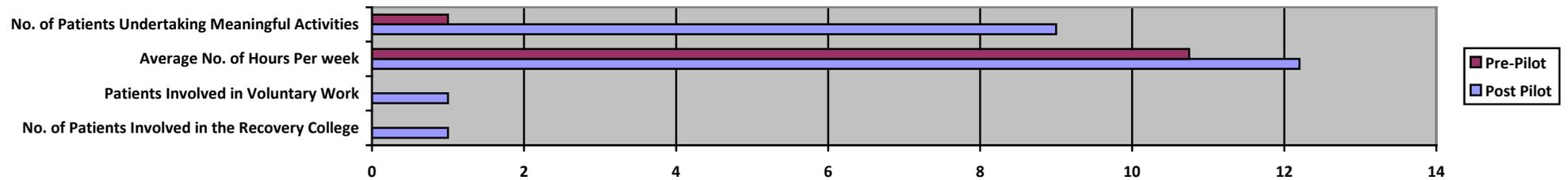
## Re-Admissions to MH Hospital



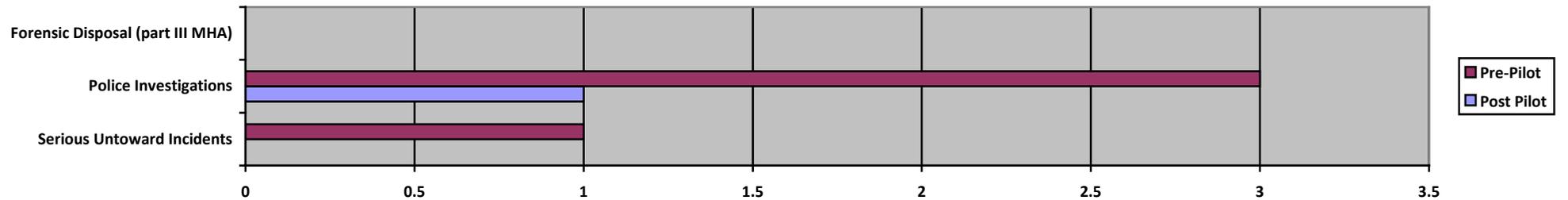
## A&E Treatment and Admissions to a General Hospital



## Meaningful Occupational Activities



## Serious Untoward Incidents, Police Investigations and Forensic Disposal (under Part III MHA)



NB: This police investigation relates to an alleged offence of 'theft by finding' - for a woman with 31 previous convictions for acquisitive offences and fraud – as opposed to 3 violence related offenses.