

Experiences from 25 years of
healthcare benchmarking
*(and what's happening in UK
mental health services?)*

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(former Director UK NHS Benchmarking Network)

17th May 2022



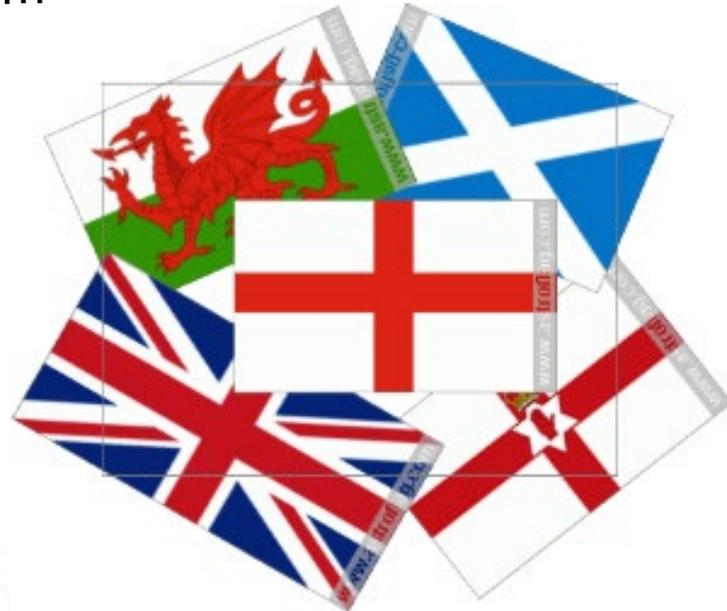
@stevewatkinsnhs

Overview

- UK NHS and NHS Benchmarking Network
- Back in time – where were we in 1996 with healthcare data?
- What's changed (and what hasn't)
- Why benchmarking and healthcare analytics is important
- What the data says and what we learnt - insights from UK mental health services (including Covid impact)
- Ongoing hot topics
- Questions?

United Kingdom

- Population 65m
- England 55m
- Scotland 5m
- Wales 3m
- Northern Ireland 2m



NHS

Benchmarking Network



United Kingdom NHS

- National Health Service (NHS)
- Founded in 1948
- Free universal healthcare for all 65m people
- Funded through general taxation
- World's largest publicly funded free healthcare system
- Employs 1.7m people
- Spends £150b p.a.
- Around 10% of this is on mental health
- Of the £15b spent on mental health around £1b is spent on child / adolescent MH (7%)

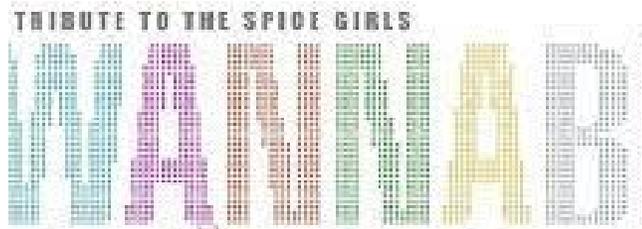


NHS

Benchmarking Network



The world in 1996



Why establish the NHS Benchmarking Network?

- Membership organisation established in 1996
- “We aren’t great at sharing information on performance & practice”
- “We don’t have networking forums”
- “We need more & better data to aid decision making”
- “We need to understand variation”
- “What does good look like? We need to be able to help define and implement good practice”
- A protected environment for member organisations
- Maintain independence and integrity throughout

NHS Benchmarking Network

- Membership fee has gradually increased over the years – decisions taken by members on pricing each year
- Fee increases are always accompanied by an expansion of the work programme
- 250 member organisations
- Covering all aspects of healthcare
- Product led
- 15 core & many bespoke projects
- 25,000 unique metrics p.a.
- Active networking forum with 15,000 participants



Benchmarking Network

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The in-house benchmarking service of the NHS

"Our vision is to be the definitive reference point for benchmarking publicly funded Health and Social Care services."

Learn about our vibrant member community, involving over 300 health and social care organisations in the UK, register now to access our full range of services.

The Network's comprehensive work programme supports members in meeting the national and local priorities outlined in the NHS Long Term Plan. [Read more...](#)

"Increasing effectiveness and productivity are key components of the NHS long Term Plan. The NHS Benchmarking Network provides a fantastic platform to do just that. The involvement of such a large number of providers combined with the breadth and quality of the data is incredibly powerful. The annual conferences provide a unique opportunity to hear from national experts, learn from others and network with similar organisations. There is nothing else like it and the quality of the over has got stronger every year."

— Julian Emms, Chief Executive, Berkshire Healthcare NHS Foundation Trust

[Subscribe to the Network](#)

Join a professional network of over 300 member organisations to:

 Define precise goals and strategic direction

Access comprehensive evidence to support members in meeting the challenges and opportunities of the Long Term Plan. [Read more...](#)

 Support contract negotiations

Tangible, validated and timely evidence to inform and support contract discussions.

 Identify service improvement opportunities

Combine benchmarked information with evidence based good practice to identify key areas of service improvement and resource provision.

 Free Network events

Keep ahead of the latest developments, hear from expert speakers and network with peers.

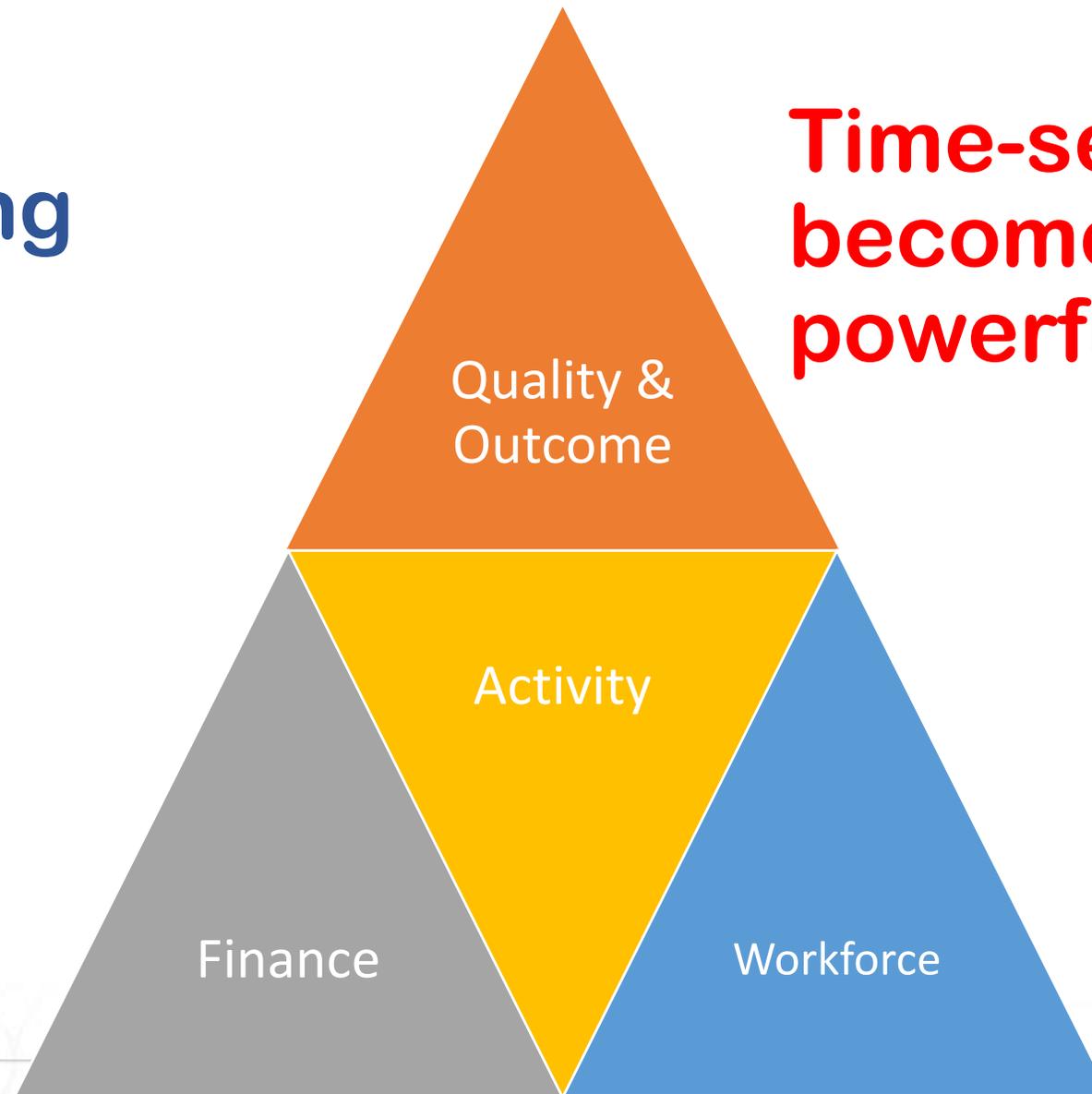
 Communicate transformation and change

Share best practice, supported by comparable benchmarks to champion your local and national services.

[More Benefits](#)

Holistic benchmarking structure

**Time-series data
becomes incredibly
powerful**



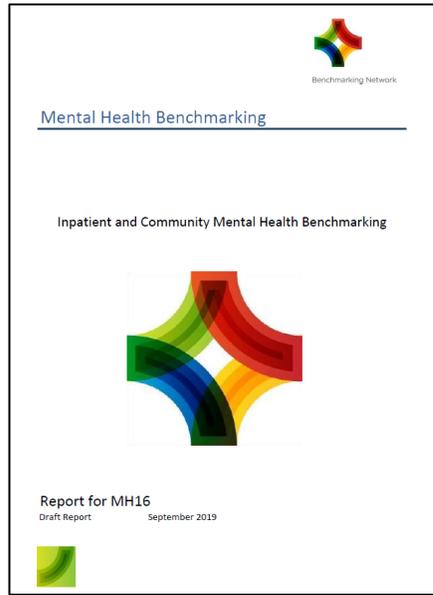
NHS

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Mental Health Benchmarking Outputs

Bespoke report



Dashboard & time series trends



Mapping & social media

← Tweet

NHS Benchmarking Retweeted



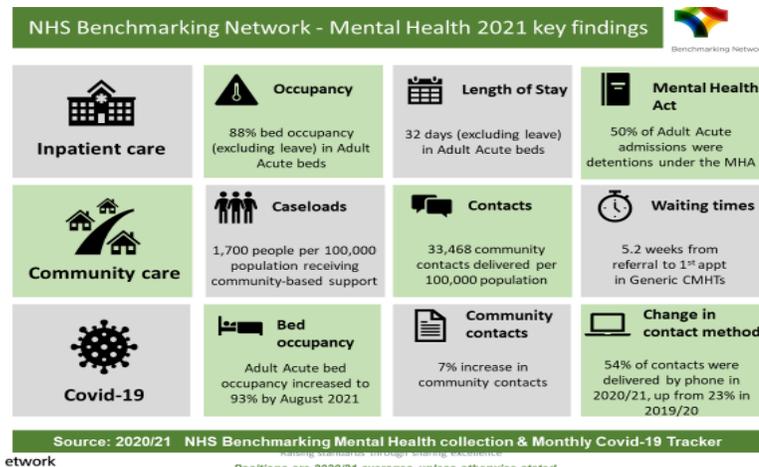
We've been working with @NHSBenchmarking to develop interactive maps that share key information to support #SuicidePrevention

zerosuicidealliance.com/ZSA-Resources/...

#ZSAResources



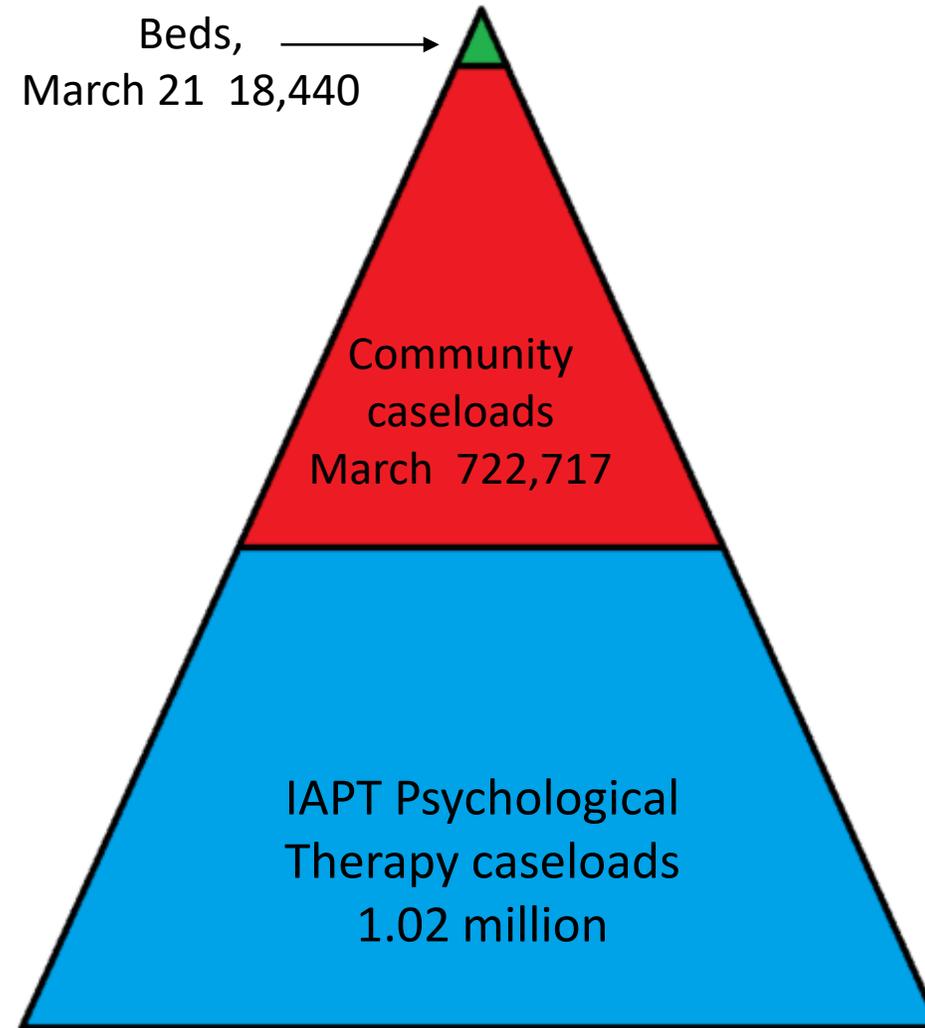
Infographics



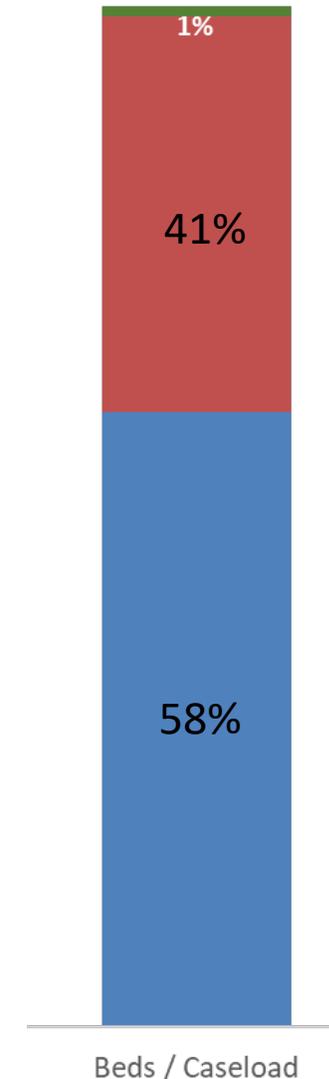
Mental Health benchmarking results 2021



Shape of England's NHS mental health services

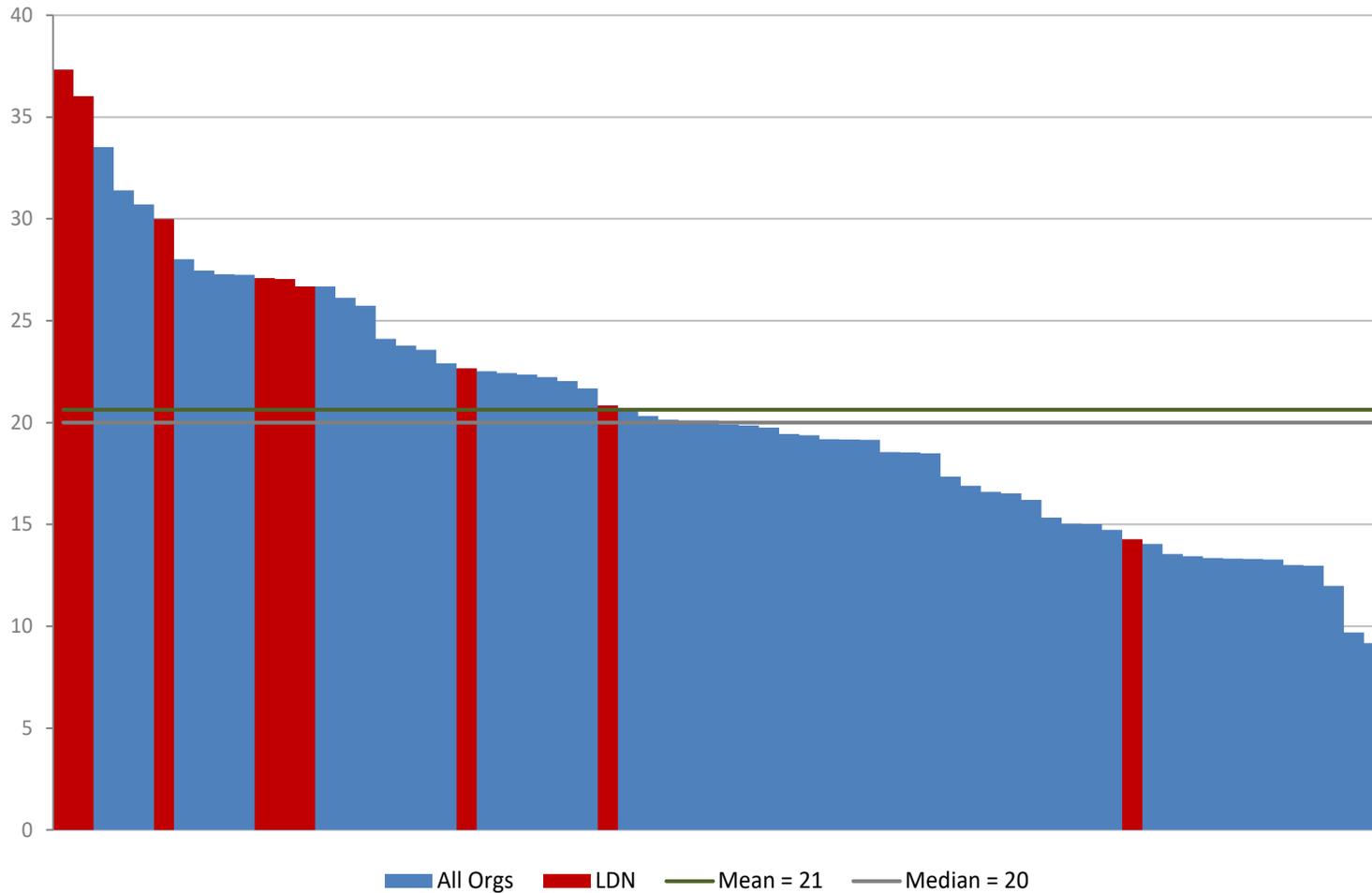


Plus 8 million people supported in primary care



General Psychiatry acute beds per 100,000 population

Adult acute beds per 100,000 resident population at 31st March 2021



- Mean average 21 beds per 100,000 population
- Median position 20
- London peer group shown

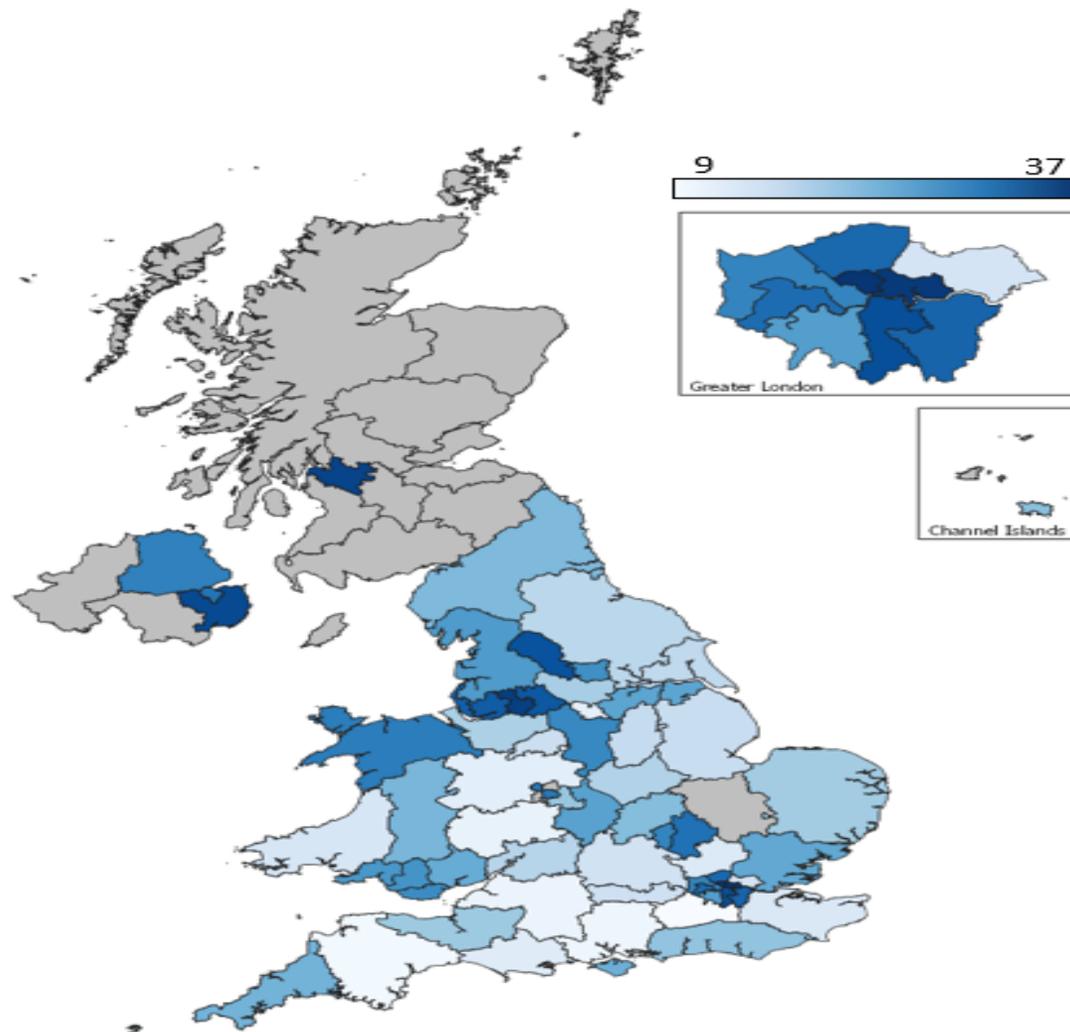
Adult acute beds by region

Concentration in

- London
- Northern Ireland
- North West of England

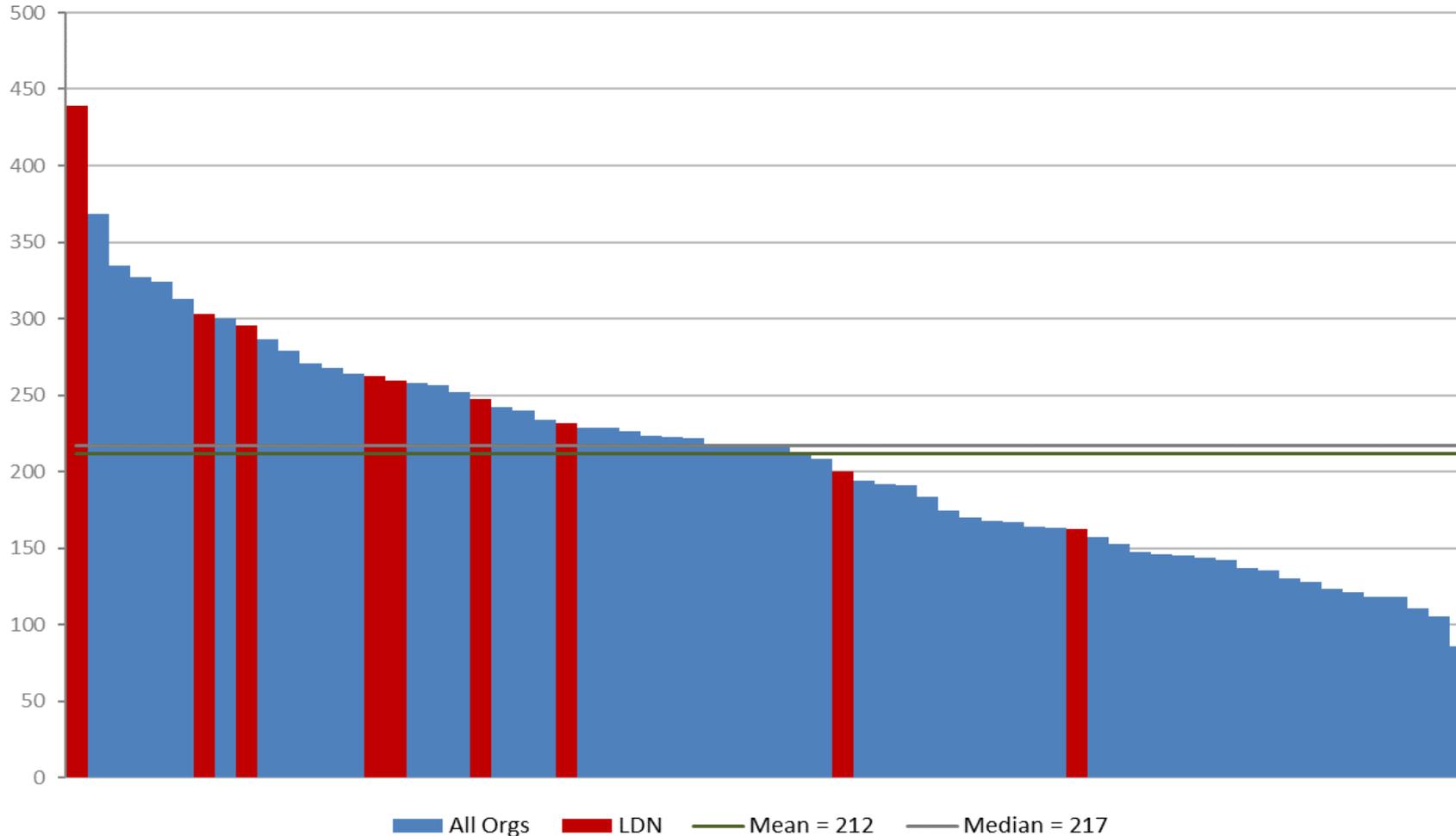
Mapping is one of the most powerful data visualisation tools available

Adult acute beds per 100,000 resident population at 31st March 2021

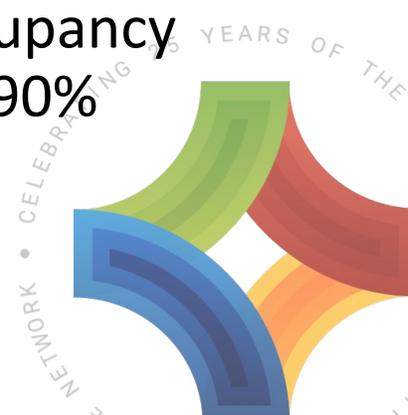


Admissions

Adult acute admissions per 100,000 resident population

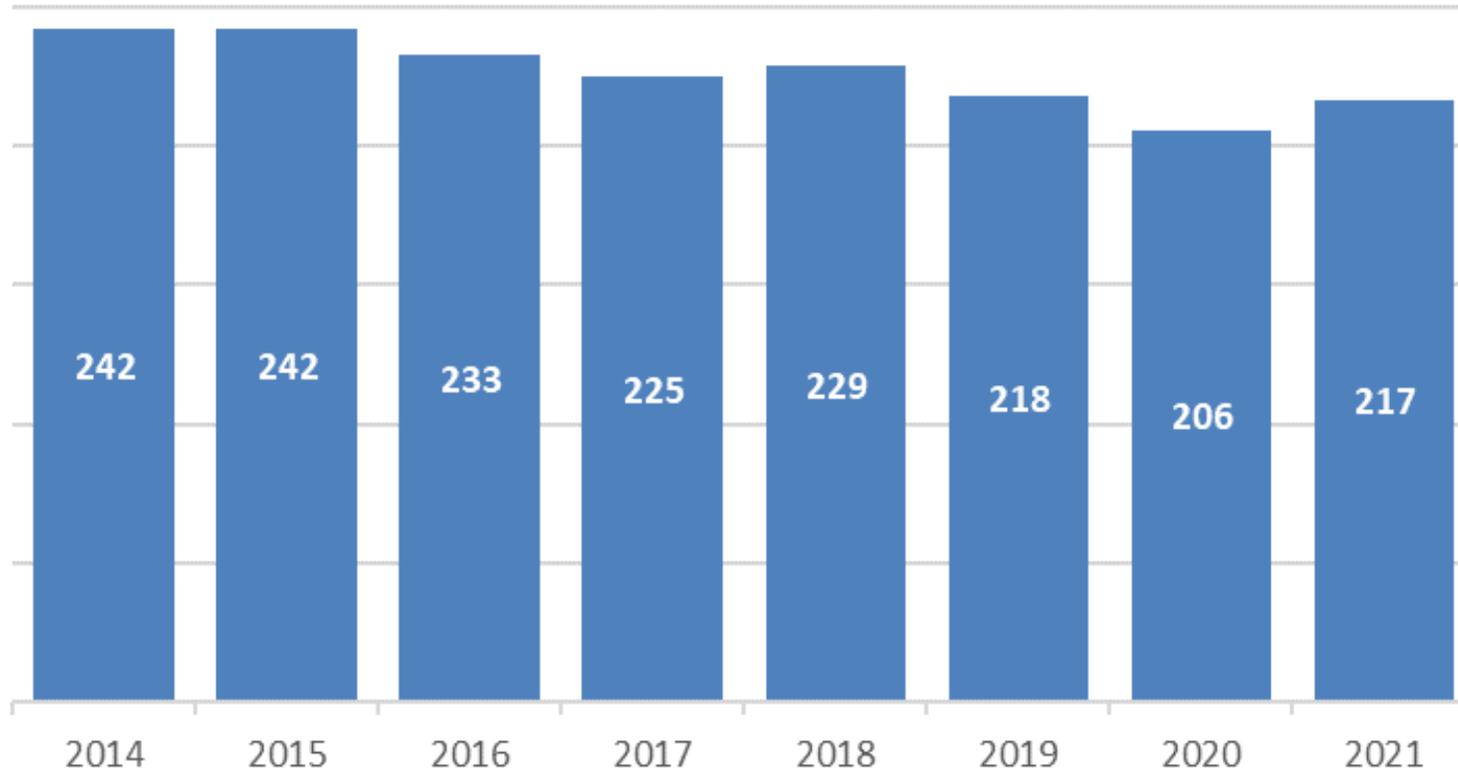


- Median 217 admissions per 100,000 resident population
- London peer group shown
- 9% admissions not previously known
- 3% no fixed abode
- 10% readmissions < 30 days
- Bed occupancy around 90%



Admission trends

Adult acute admissions
per 100,000 resident population (age 16-64)



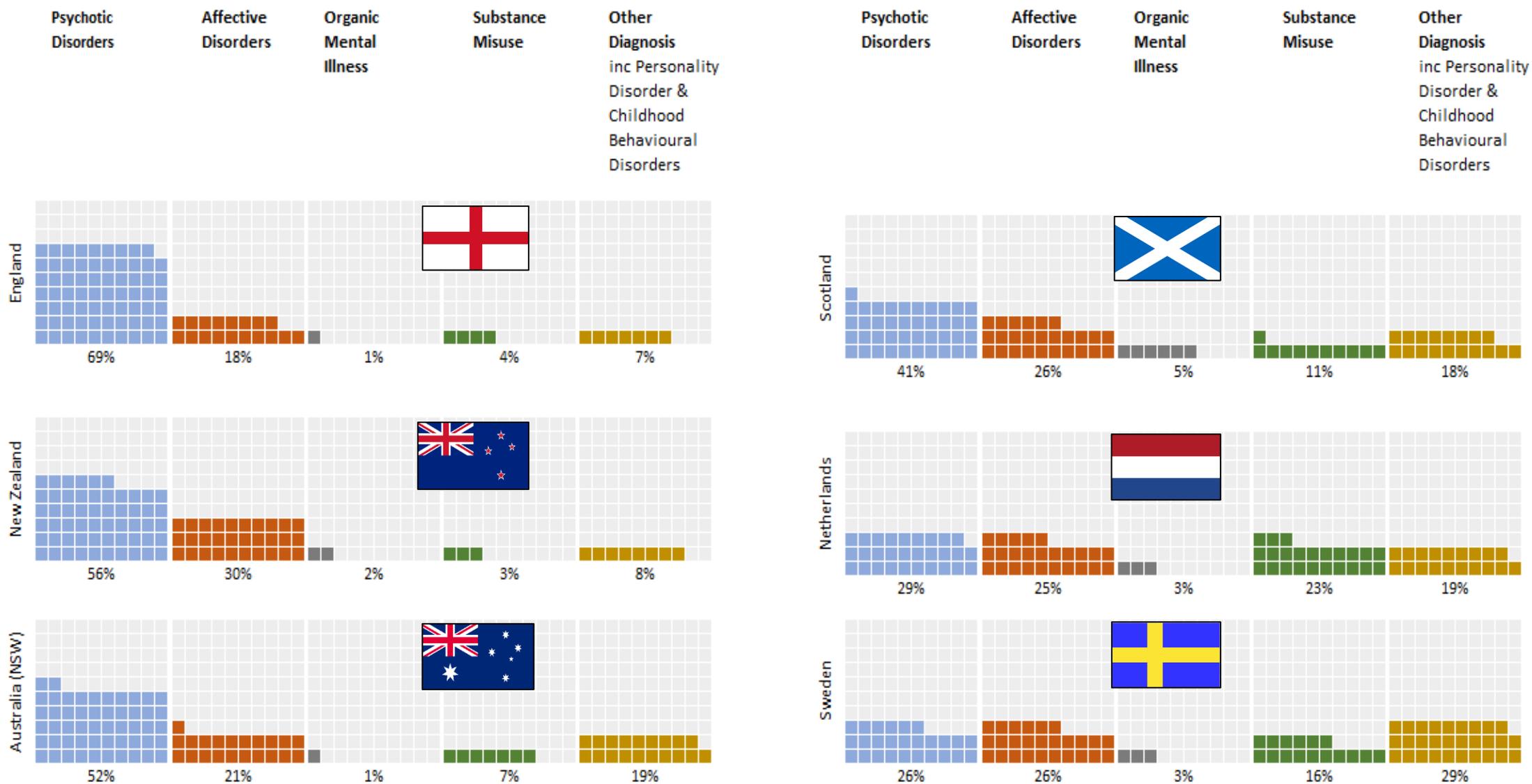
- Influenced by changes in bed numbers and lengths of stay
- Increase in 2021, after a sustained period of reduction
- Linked to additional admissions following concentrated Covid discharge programme in March 2020





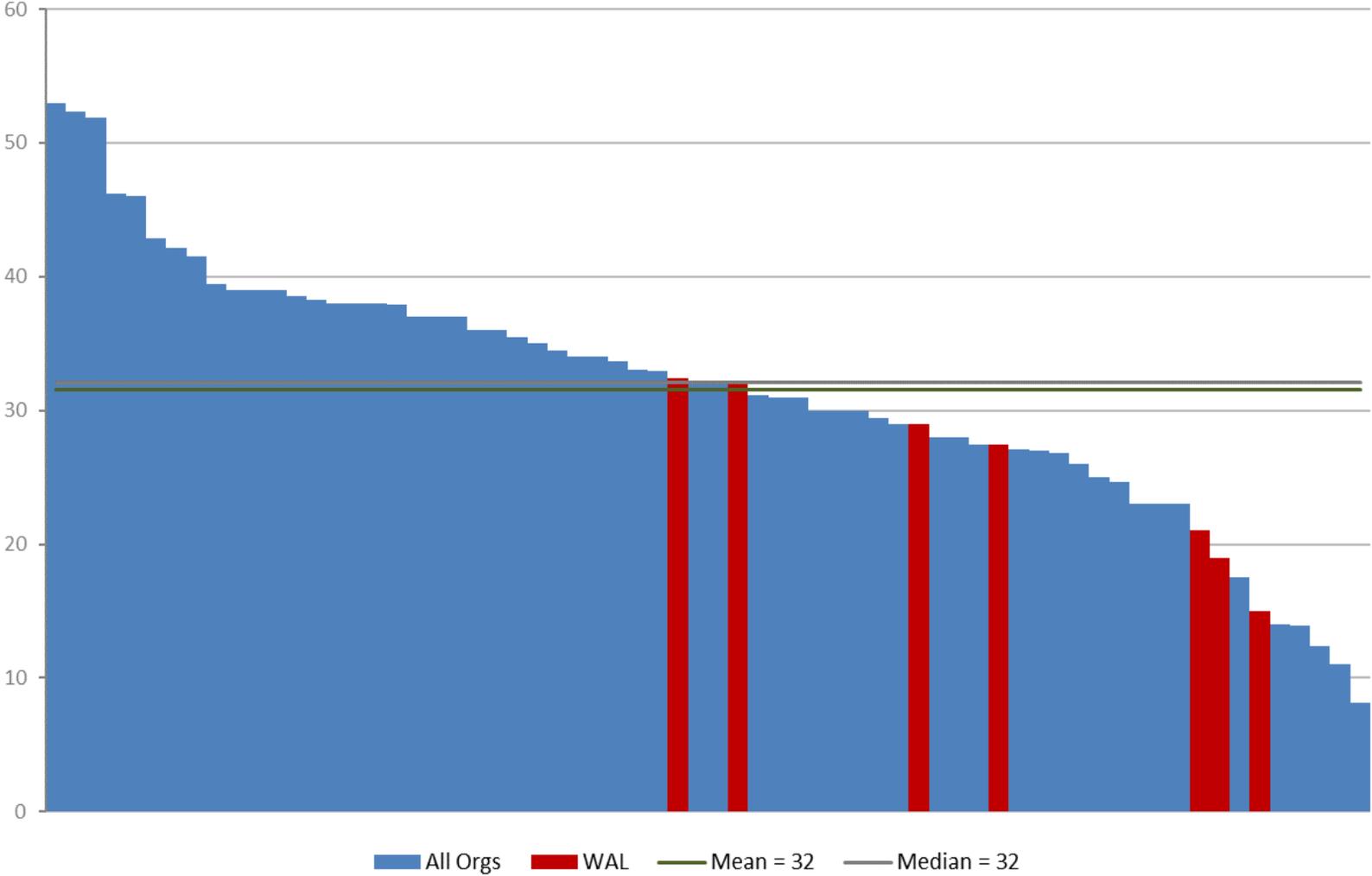
Which type of patients occupy beds?

Occupied Bed Days by Diagnosis Group General Psychiatry Beds for ages 18-64



Mean length of stay

Adult acute mean length of stay (excluding leave)

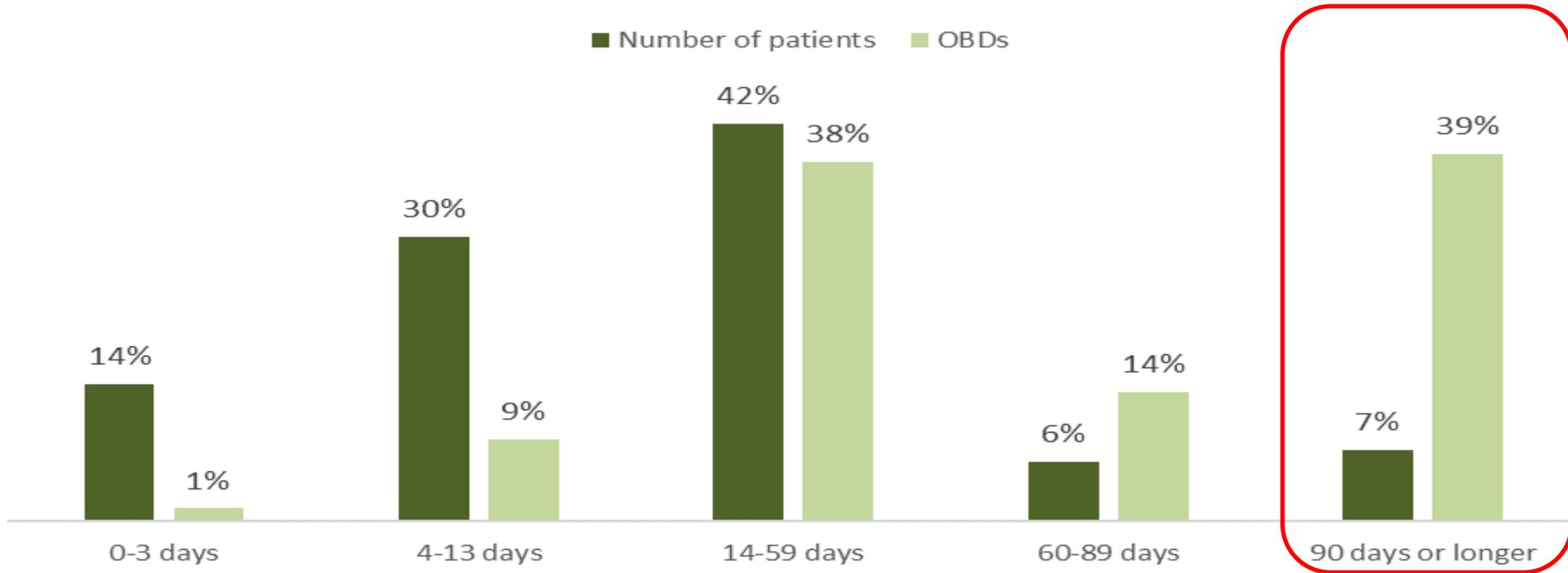


- 32 days average length of stay excluding leave
- Wales peer group shown (Wales average 25 days)



Length of stay profiling – Adult Acute

Number of patients discharged and associated OBDs by LoS profile

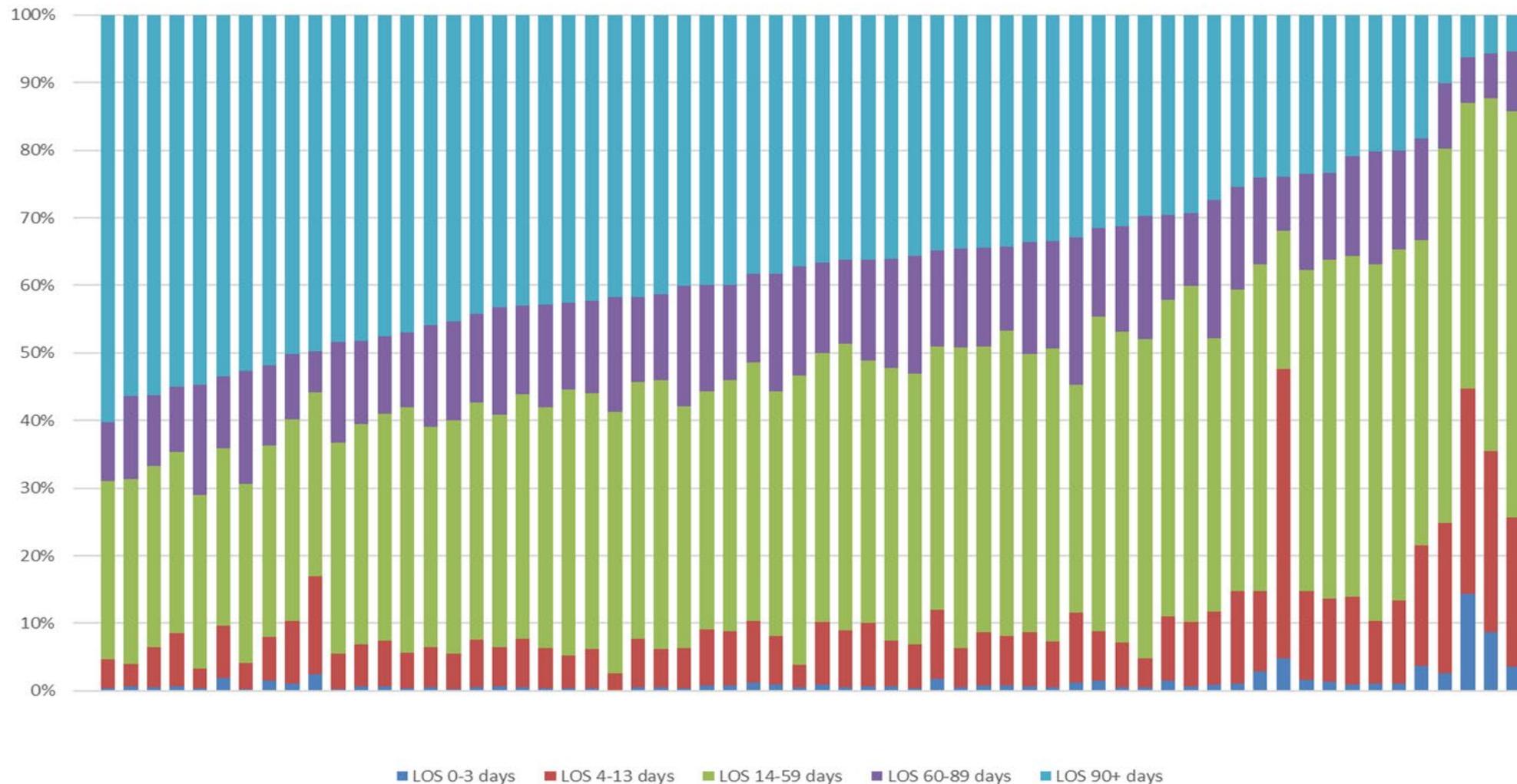


- Issue highlighted in 2019, remains relevant
- Decrease in OBDs for 90+ day patients (was 8% with 43% OBDs)



Adult Acute Bed Days LOS – impact of complex patients

Adult Acute OBDs (excluding leave) - LOS profile 2020/21

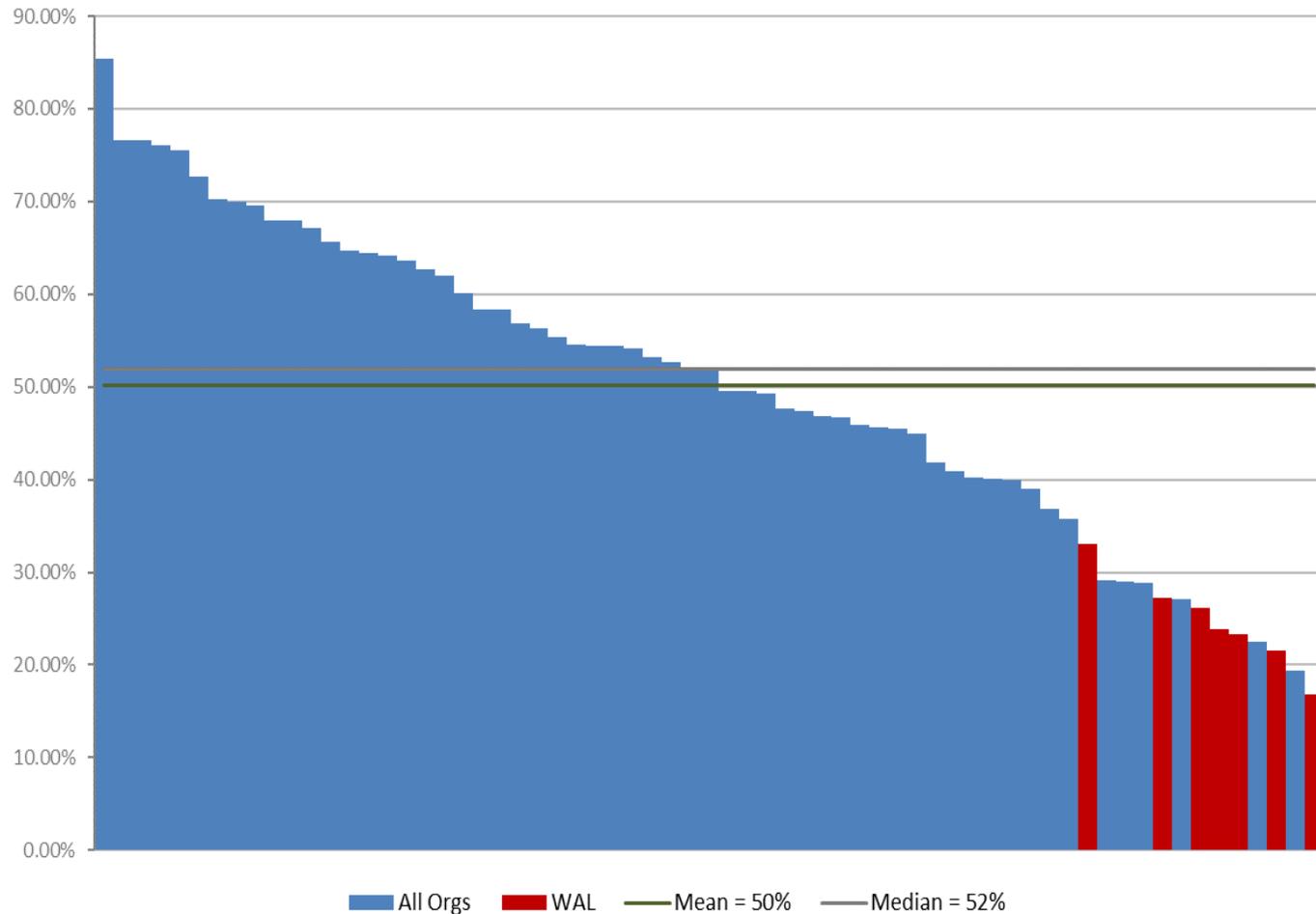


- Providers to the left of the chart have more occupied bed days attributed to long stay (over 90 day) patients
- **Optimising long-stay complex patients is key for access and flow**



Use of the Mental Health Act

Adult acute admissions under the Mental Health Act

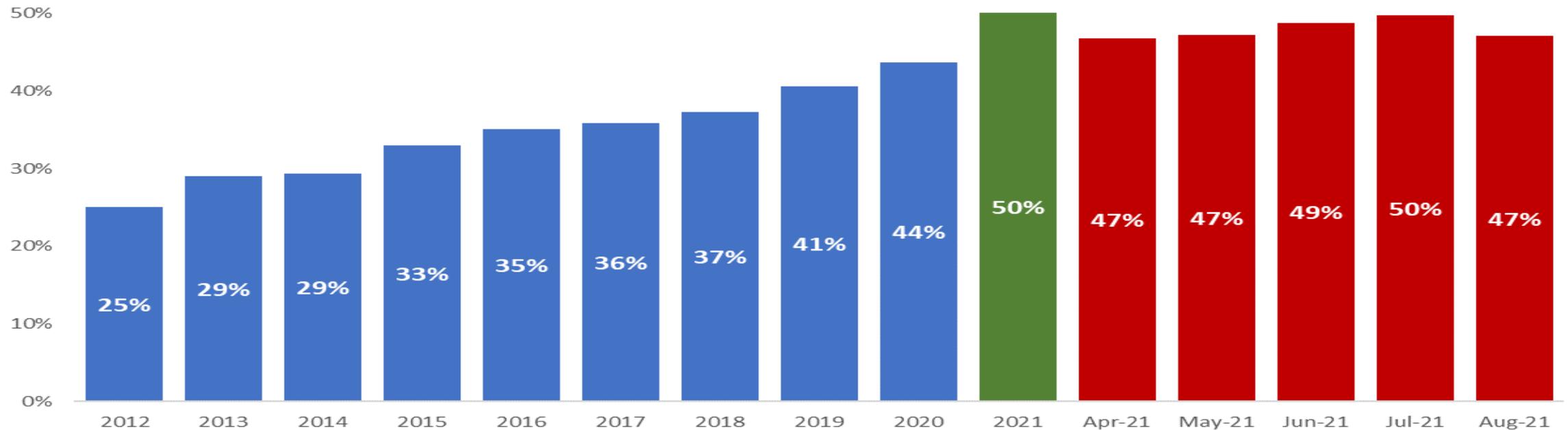


- Increase in the use of the Mental Health Act well documented
- Average 50.1% of admissions were detained at the point of admission in 2020/21, increase from 43.7% in 2019/20
- Wales peer group shown
- Variation between providers ongoing



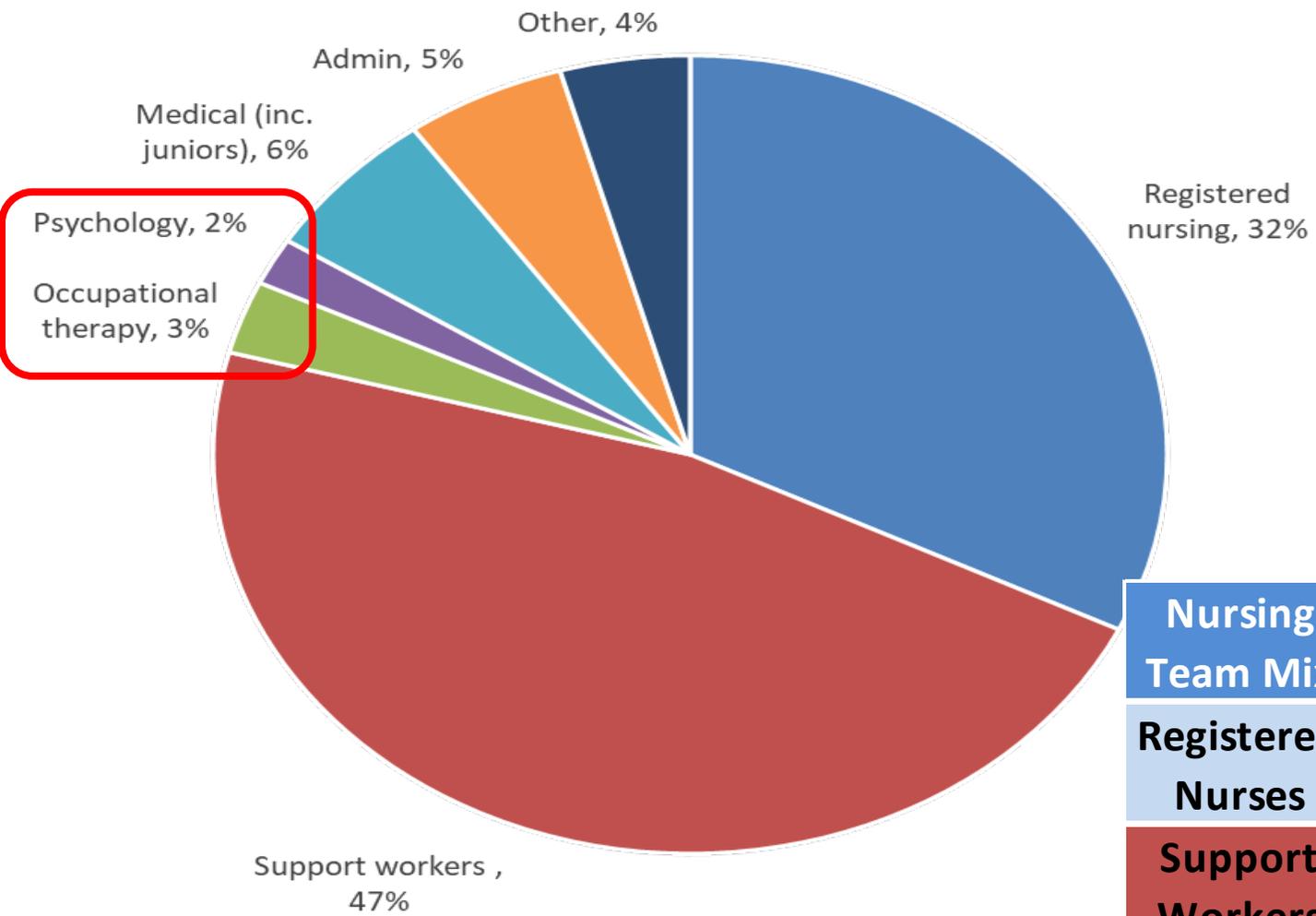
Mental Health Act – time series & impact of Covid-19

Adult Acute admissions under the Mental Health Act



- 2020/21 increase in the use of the Mental Health Act to just over 50%, remains high in 2021.
- Much larger increases seen during the Covid-19 pandemic period, acuity of patients rising or cohort issue?
- Although partly driven by reduction in admissions, background detention rates have also increased

Workforce – General Psychiatry inpatient skill mix



- 79% of ward staff are nurses or support workers
- Ongoing reduction in Nursing Team skill-mix
- Specialist therapy input remains small – higher levels of therapy input = shorter ALOS

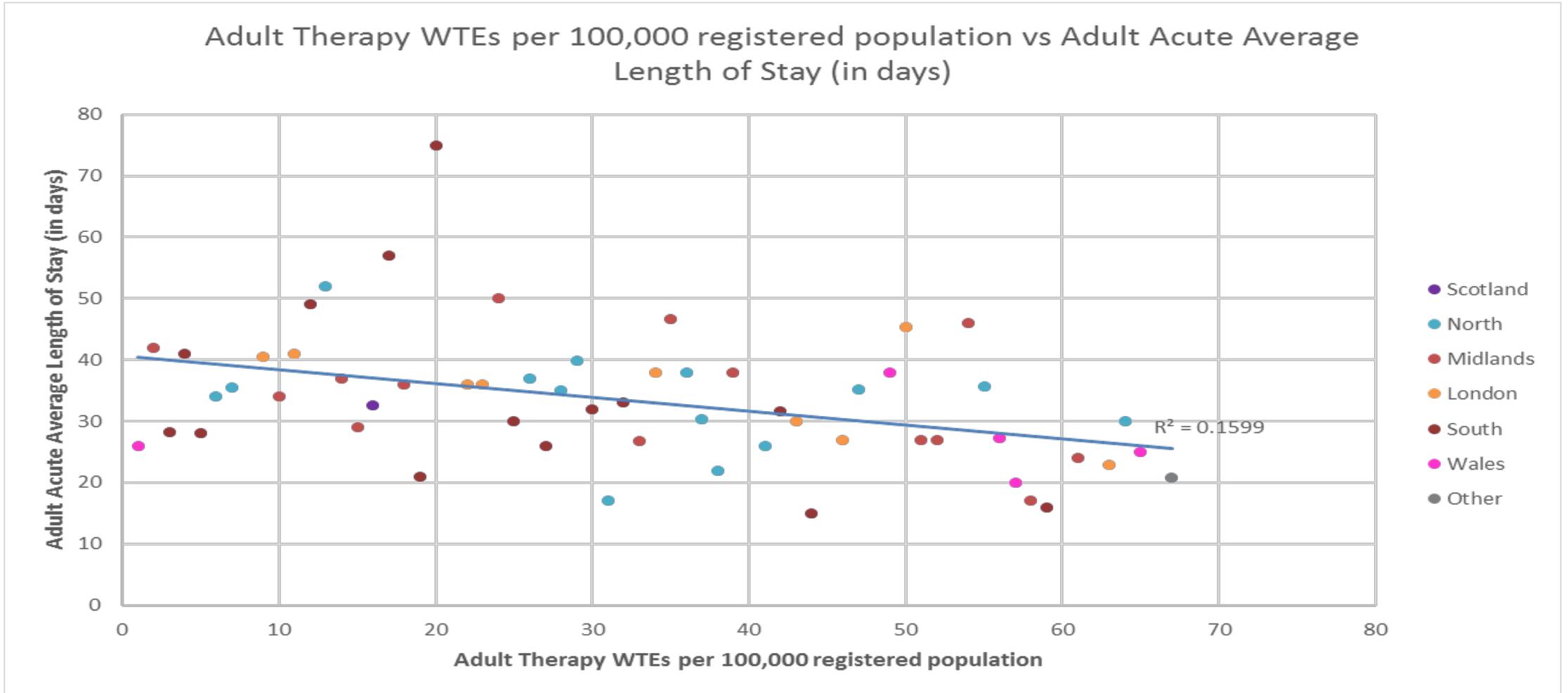
Nursing Team Mix	2012/13 share	2020/21 share
Registered Nurses	60%	41%
Support Workers	40%	59%



Workforce key learning

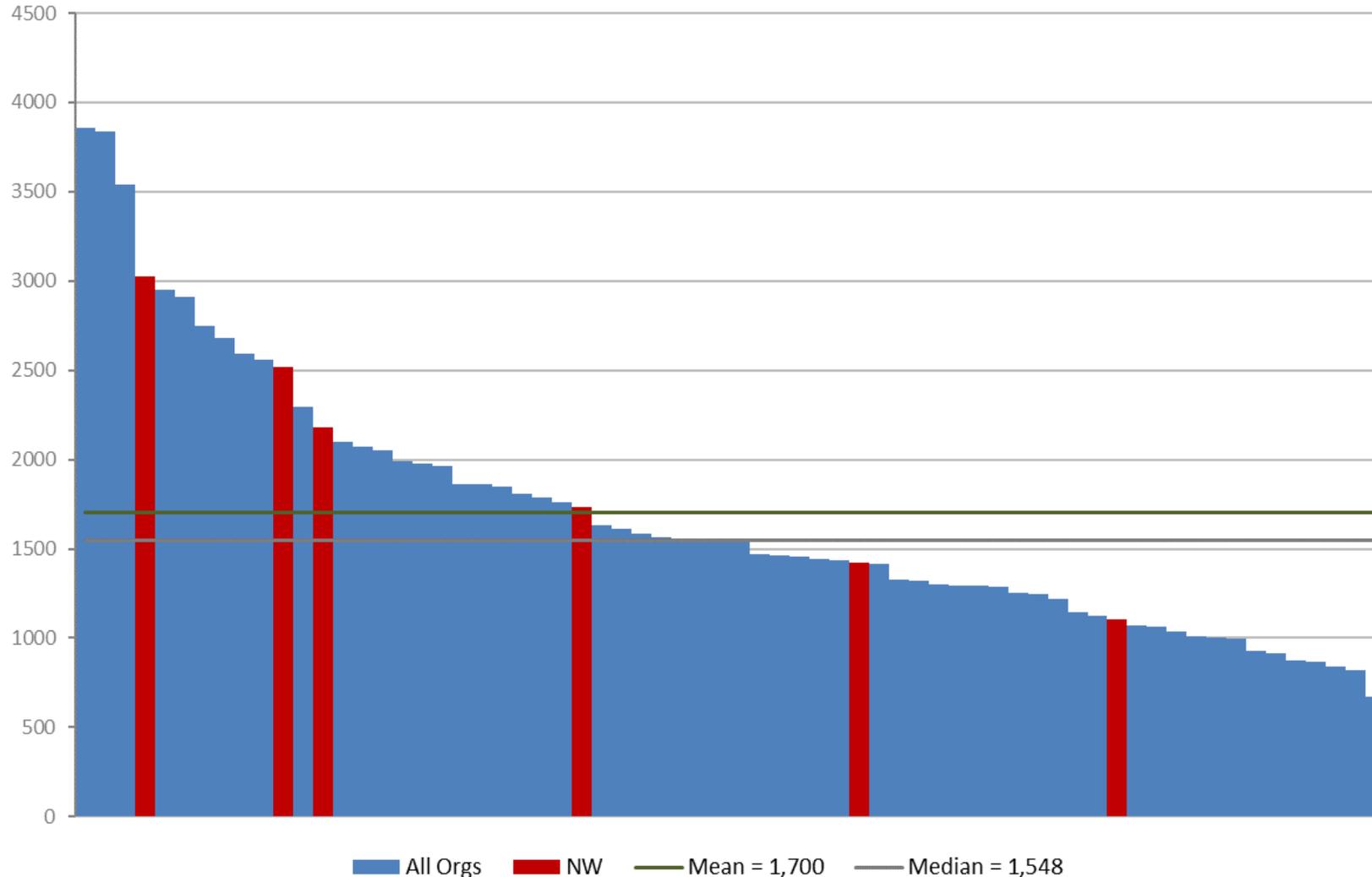
A good workforce (not a cheap workforce) counts

Therapy input impacts on average length of stay (also lower use of restrictive practices)



Community Caseload per 100,000 population

Total community caseload per 100,000 resident population at 31st March 2021



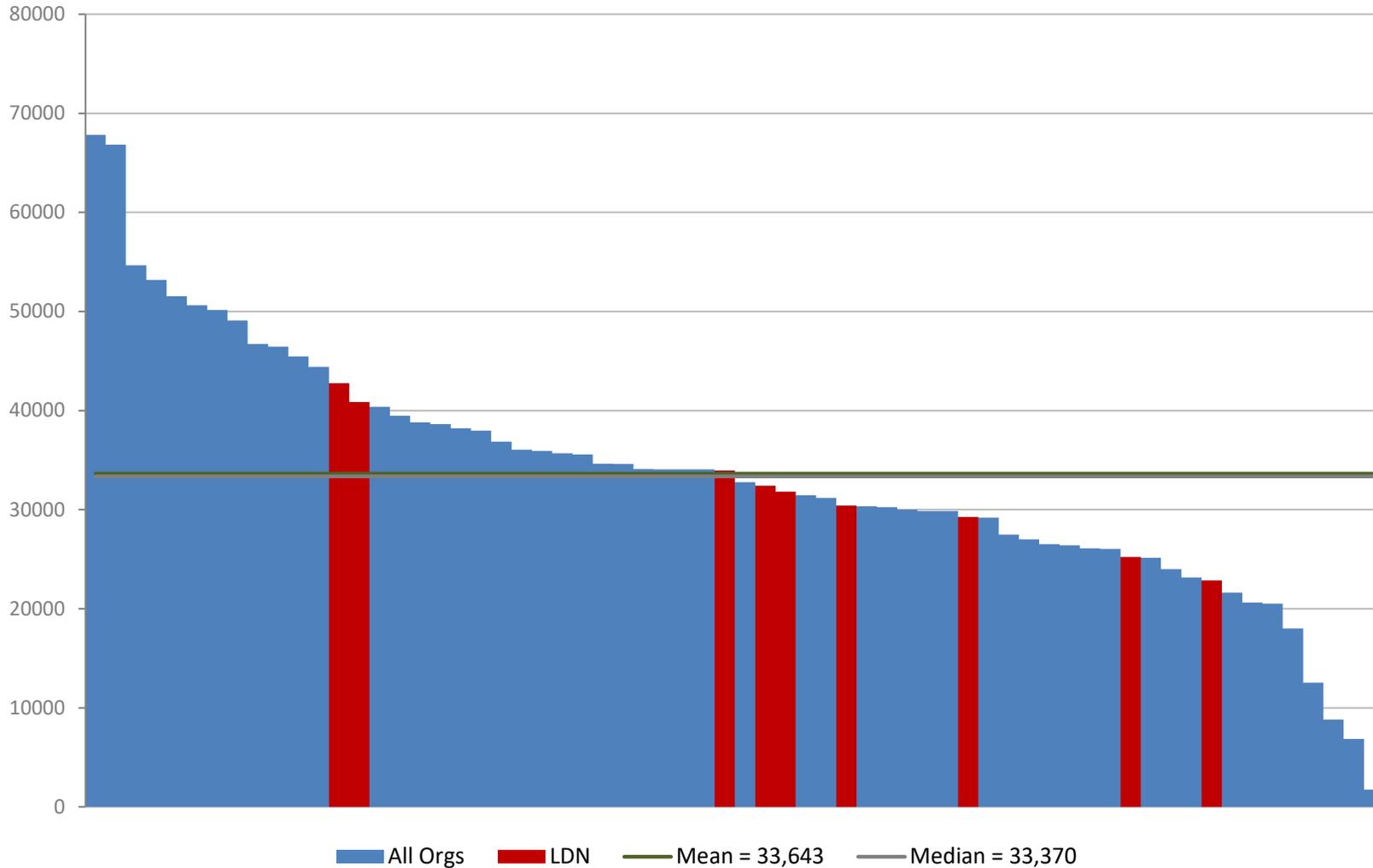
Average 1,700 people on caseload per 100,000 registered population (age 16+) on 31st March 2021

- Increase from 1,603 on 31/3/2020
- Working age caseload increased, whilst caseloads for older people reduced
- North West peer group shown



Community Contacts per 100,000 population

Total community contacts per 100,000 resident population



- Average 33,643 contacts delivered in year, per 100,000 resident population (age 16+) during 2020/21
- Average 31,468 contacts delivered in year, per 100,000 resident population (age 16+) during 2019/20 (7% higher)
- Circa 20 contacts per person on caseload
- London peer group

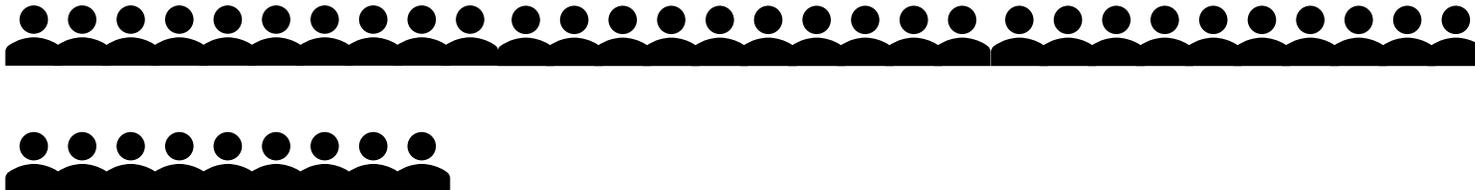


Beds vs Community care

impact of economic choices



1 adult acute bed = 39 patients on a Generic community team caseload

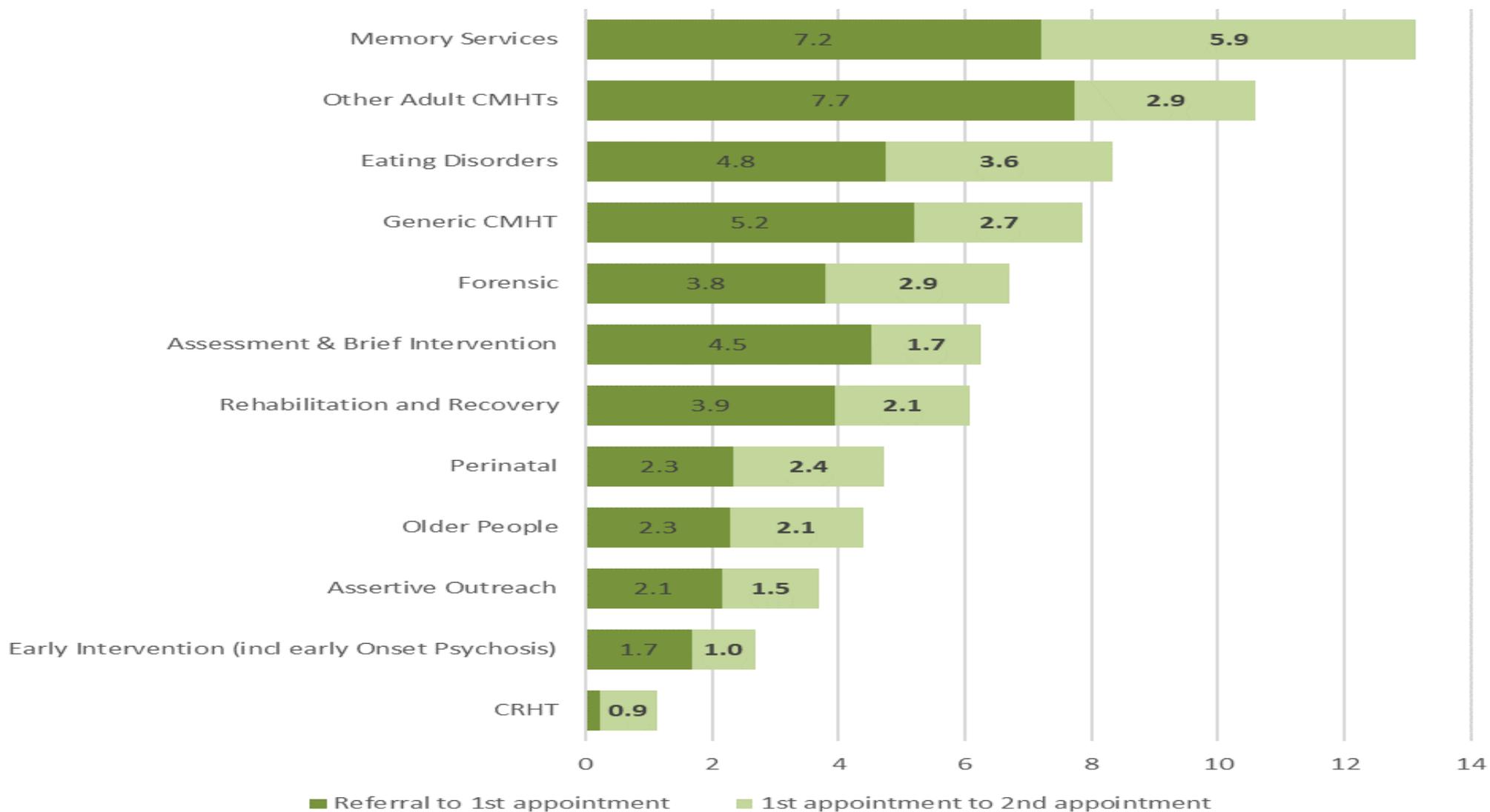


1 older adult bed = 33 patients on an older people's CMHT caseload



Waiting times for community mental health services

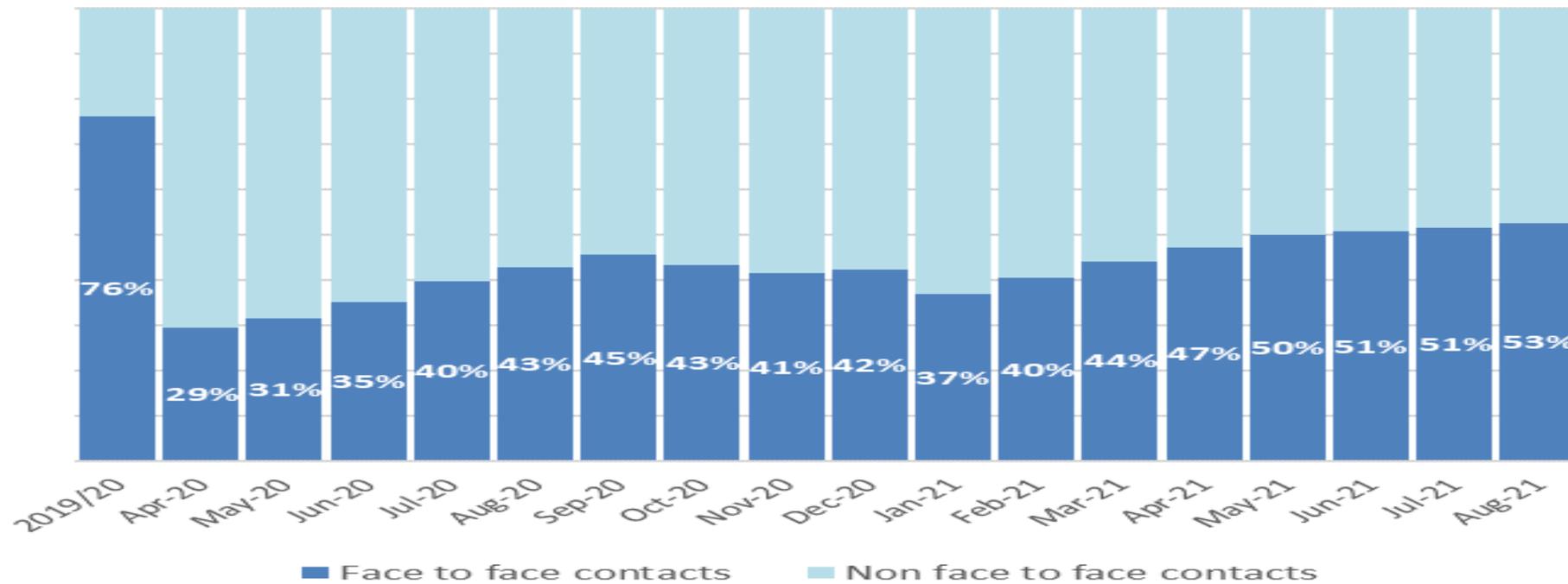
Median waiting time (weeks)



Covid impact on community care method of contact

- Initial reduction of in-person care evident within the early months of the pandemic
- Face to face activity rates have since risen – around half of all contacts delivered in Adult MH services during August 2021 were in-person
- Rates, however, remain notably below pre-Covid levels across services

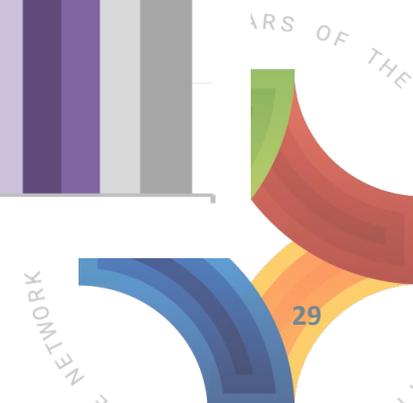
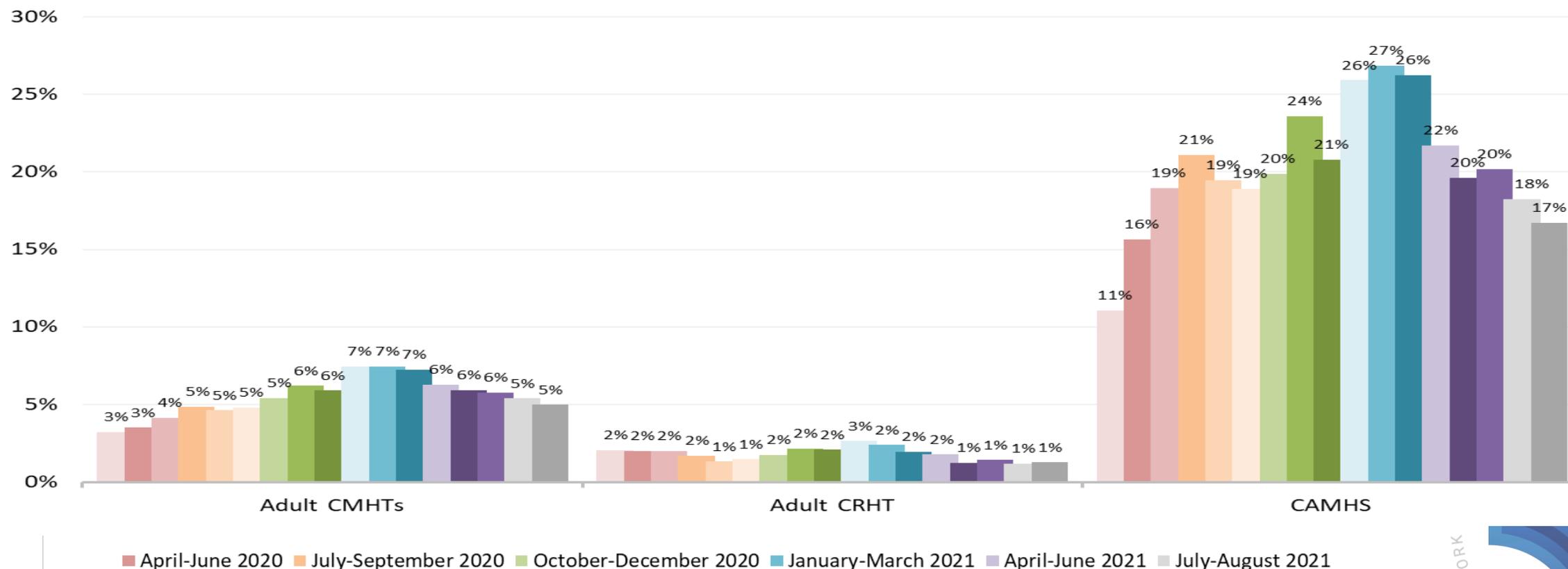
National average: adult and older adult community mental health services



Community care – digital technologies

- Now the proportion of face to face activity delivered by community teams has begun to increase, growth of digital contacts in many areas has plateaued
- Highest video consultation rates recorded during third national lockdown (January-March 2021)
- BUP / CAMHS achieved highest rate of digital consultations

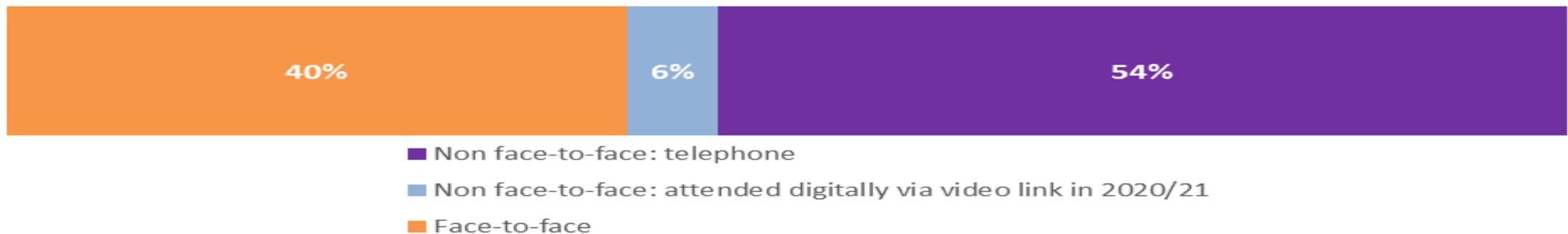
National average: proportion of contacts delivered using digital technologies



Contact Method (Adult community services)

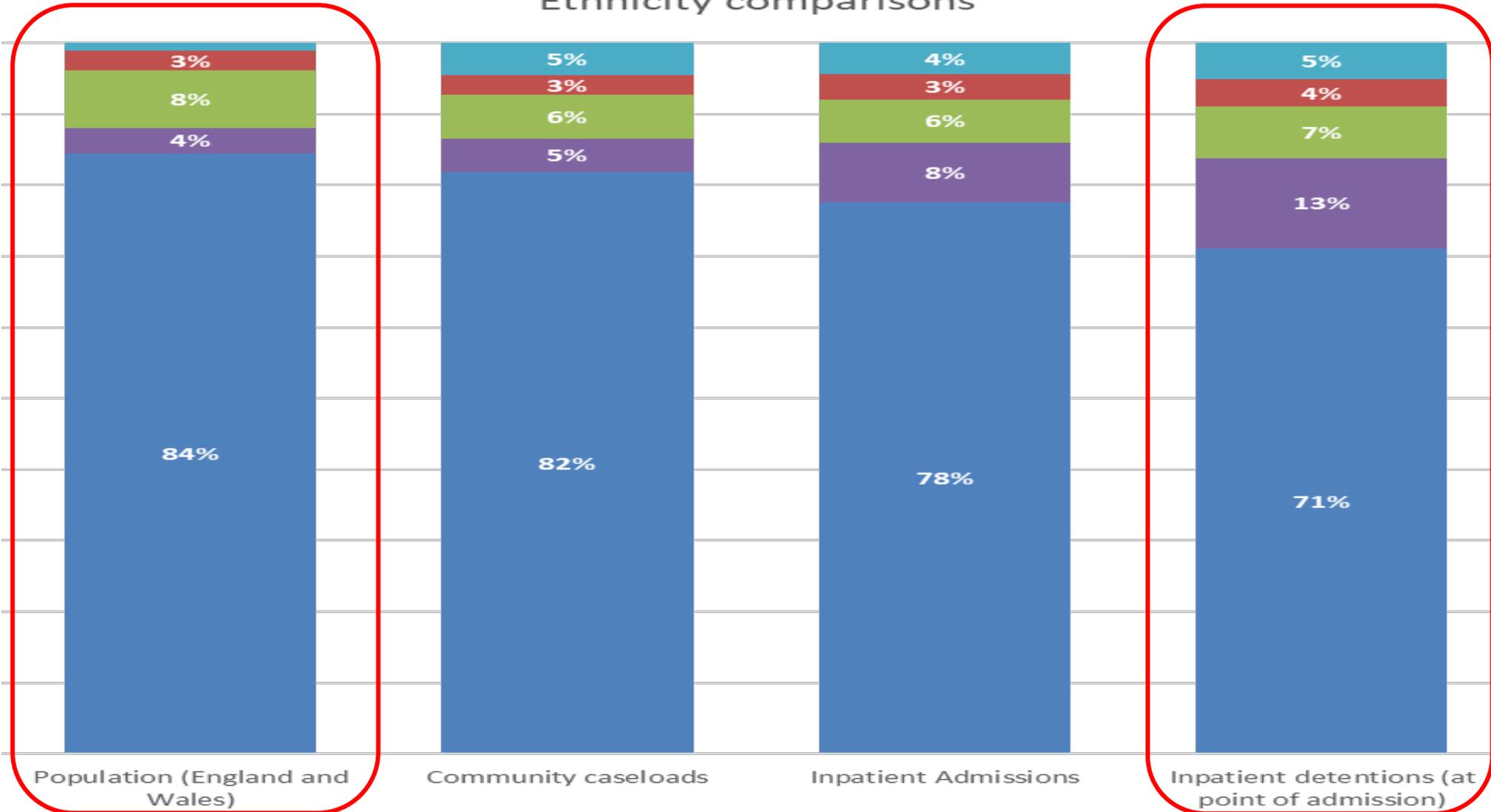
- Contacts delivered non- face to face increased from 25% in 2019/20 to 60% in 2020/21
- Non- face to face contacts delivered by telephone increased from 23% in 2019/20 to 54% in 2020/21

Contacts by method of delivery



Ethnicity and mental health

Ethnicity comparisons



Benchmarking Network

White / White British

Black / Black British

Asian / Asian British

Mixed

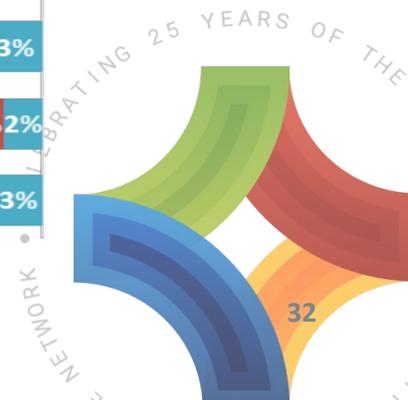
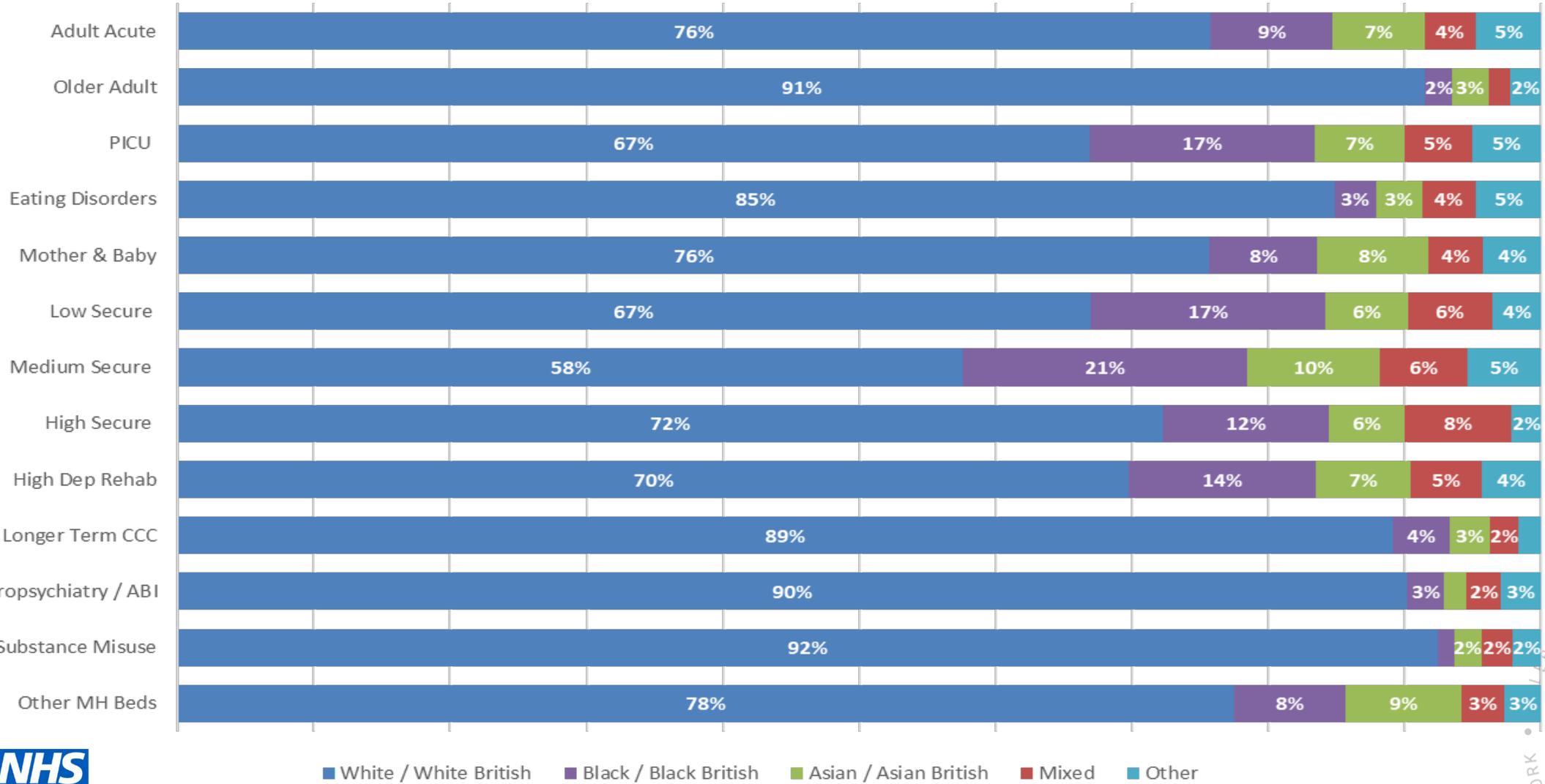
Other



Inequalities – admissions by bed type

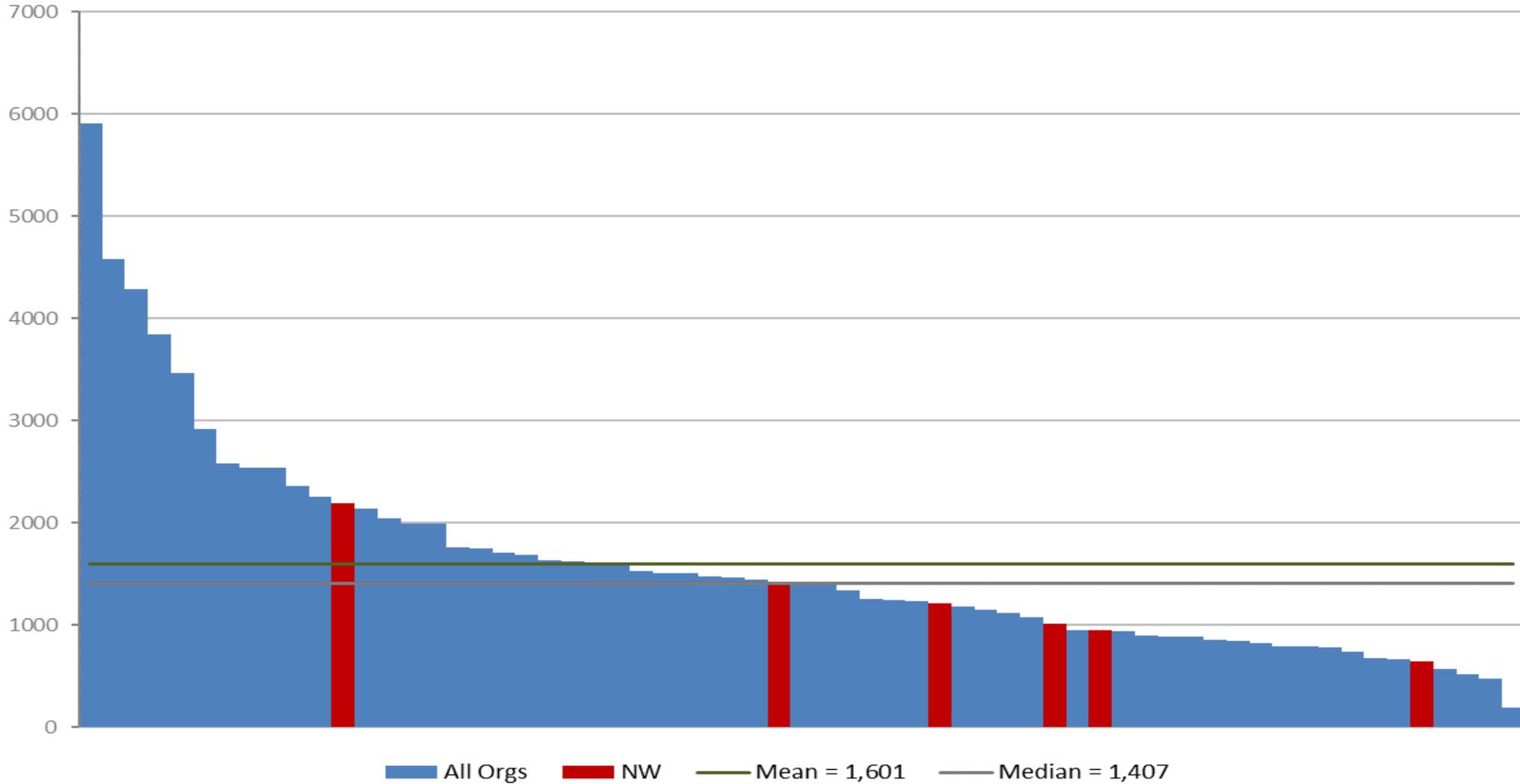
Minority community representation increases as acuity and degree of restriction increases

Inpatient admissions - ethnicity of patients (where known)



Use of restraint

Adult acute restraint per 100,000 occupied bed days



- 1,601 incidences of restraint per 100,000 32% increase on previous year

Previously:

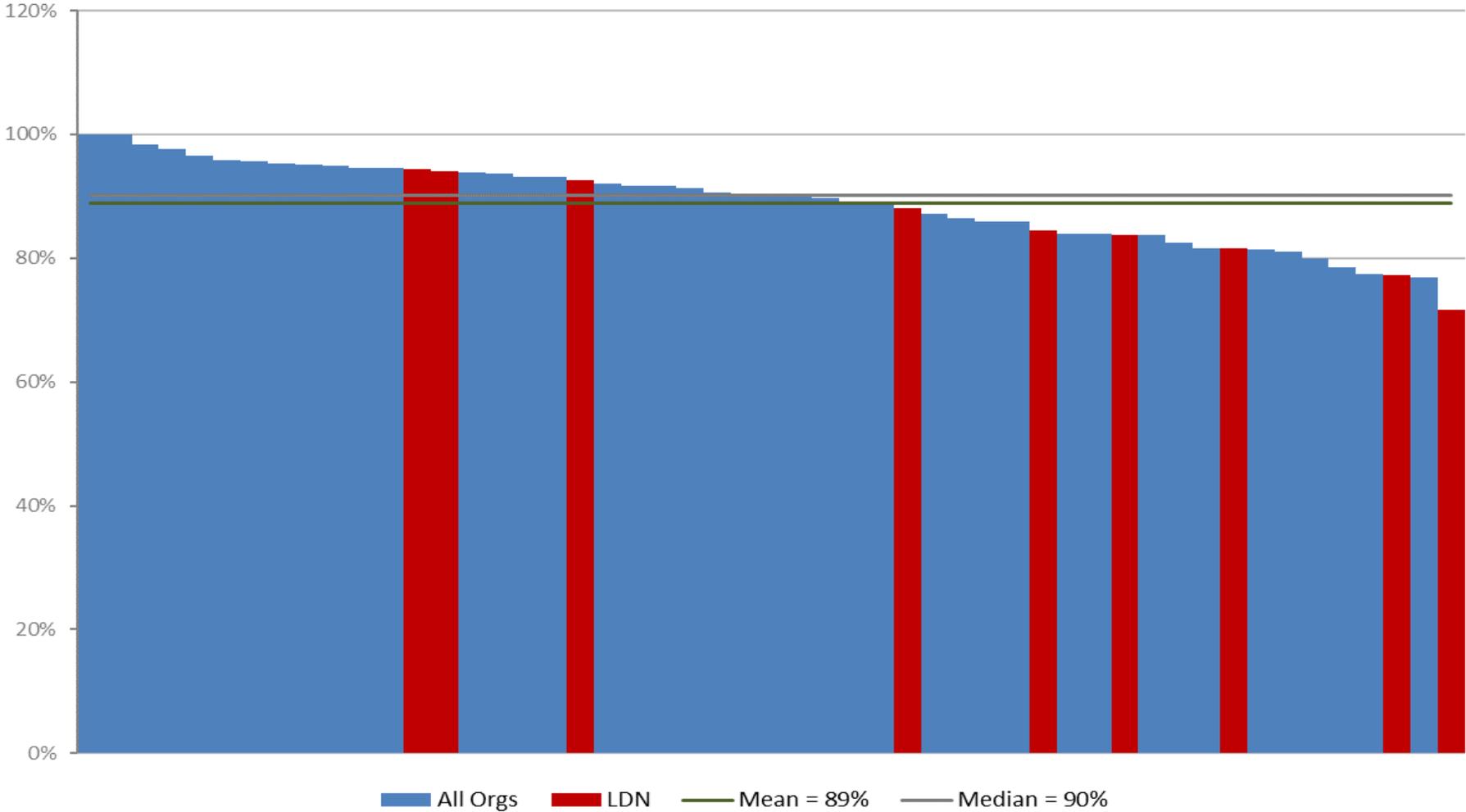
- 1,210 (2019/20)
- 1,026 (2018/19)
- 1,029 (2017/18)
- 1,099 (2016/17)

- North West peer group shown



Service User Satisfaction (England)

NHS Friends and Family Test (FFT) Patient Satisfaction Score

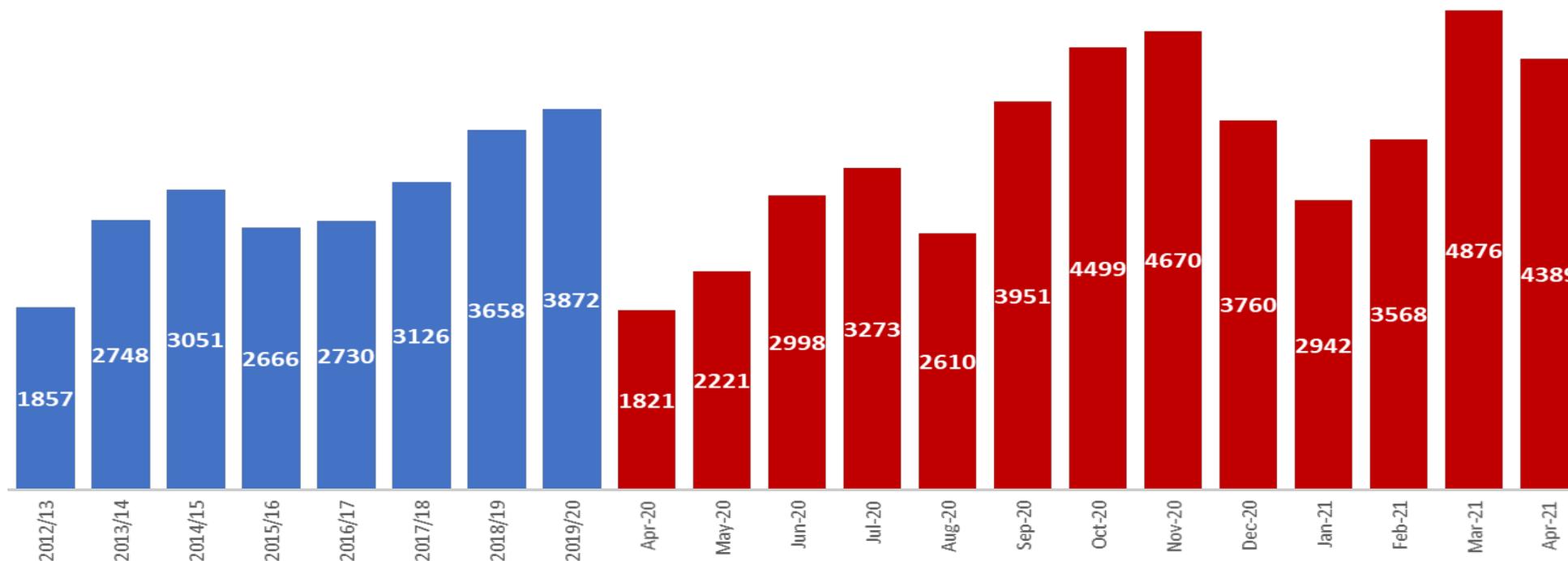


- Friends and Family scores 2020/21
- High overall satisfaction with services, 90% would recommend to their friends and family



BUP / CAMHS referrals, trends & impact of Covid-19

CAMHS referral rate per 100,000 population



- Across the NHS, referrals to CAMHS doubled over the period 2012/13 to 2019/20 making CAMHS one of the fastest growing major specialties in healthcare. This is displayed on the blue area of the chart above.
- The red area of the chart explores CYPMH referrals by month during the Covid pandemic. Referrals systems have been disrupted under Covid with demand growing in excess of historic rates after the second national lockdown. Referrals initially dropped by 52% of previous annual levels in April 2020 but rebounded strongly as lockdowns were lifted. From March 2021 onwards referral levels were noticeably higher than before the pandemic.

Conclusions & hot topics

An extraordinary year for UK mental health services

- Inpatient capacity recovered from the disruption of Covid
- Mental Health Act more widely used
- Long-stay patients still drive use of capacity
- Quality measures confirm an increase in restrictive practices
- Community team caseloads increased
- Equalities issues evident in services for people from minority communities
- Workforce capacity issues evident
- Most people value the care they receive – 90% would recommend to friends & family
- Covid introduced extraordinary disruption to services
- Service response reshaped; less face to face care, move to telephone & digital platforms, recovery and transformation evident

Reflections on the UK benchmarking Network?

- “We aren’t great at sharing information on performance & practice” (now better)
- “We don’t have networking forums” (the forum is unique and works well, providing mutual support and intelligence to members)
- “We need more & better data to aid decision making” (the data has evolved and now provides confident evidence to support strategic decision making)
- “We need to understand variation” (we are better at challenging variation)
- “What does good look like? We need to be able to help define and implement good practice” (we’ve come a long way in understanding how evidence can support the identification of both good and poor practice, we can highlight who the “good” organisations are and why...)
- A protected environment for member organisations (still a safe place to share data)
- Maintain independence and integrity throughout (really important to protect the integrity of projects and the network for long term benefits and trust)

Discussion points

