west midlands
ACADEMIC HEALTH SCIENCE NETWORK

The AHSN Network

Case study name: RAID (Rapid Assessment, Interface and Discharge) liaison psychiatry services

Start and end dates of work covered by case study: 2009 - present

Overview summary

The co-occurrence of mental and physical health problems is very common among patients, often leading to poorer health outcomes and increased healthcare costs. Birmingham and Solihull Mental Health NHS Foundation Trust had developed the RAID (Rapid Assessment, Interface and Discharge) model for liaison psychiatry services in December 2009 as a pilot in City Hospital in Birmingham. The RAID multi-disciplinary team promptly assesses anyone 24/7 attending A&E or who is a hospital inpatient, who might have mental health problems, and also provides e-training for hospital staff.

The RAID service in City Hospital demonstrated that for every £1 spent, £4 could be saved, and sought support from WMAHSN to promote the adoption of the model across the region. There is now a RAID service established in every acute hospital in Birmingham and Solihull and 27 organisations nationwide have taken up RAID. Dementia and self-harm e-learning has been delivered to more than 60 staff in each module across two acute trusts.

To further drive adoption, WMAHSN sponsored the RAID network, supported by a website and newsletter to strengthen links between RAID services to facilitate collaborative working on research and innovation projects. 41 organisations are now involved in the network (see www.raidnetwork.org), which has developed into a national resource. A number of evaluations and reviews have been undertaken which the AHSN will use to drive consistency and to support the tailoring of services regionally, to local needs and context, while remaining true to the core principles which enable successful delivery.

Challenge identified and actions taken

The co-occurrence of mental and physical health problems is very common among patients, often leading to poorer health outcomes and increased healthcare costs. People can face lengthy waits before being referred on to the relevant service.

Birmingham and Solihull Mental Health NHS Foundation Trust developed the RAID model for liaison psychiatry services in December 2009 as a pilot in City Hospital in Birmingham, with an investment of £0.8 million. The RAID team, comprising nurses, psychiatrists, psychologists and physicians assistants, will promptly assess anyone 24/7 attending A&E or who is a hospital inpatient, who might have mental health problems.

The RAID network is a WMAHSN sponsored resource established to strengthen links between RAID services to facilitate collaborative working on research and innovation projects, facilitate adoption of RAID and improve and expand the overall service provided by RAID across the NHS.

Impacts / outcomes

- **Following the success of RAID in City Hospital, there is now a RAID service established in every acute hospital in Birmingham**
- **27 organisations nationwide have now taken up RAID**
- **In its 2014 document *Achieving Better Access to Mental Health Services by 2020*, the Department of Health highlighted strong evidence that the RAID model can deliver clinically and cost-effective care to patients with a range of mental health problems**
- **A paper published in *The Psychiatric Bulletin (2013)* uses data from admissions to all 600 beds in City Hospital between December 2008 and July 2010. The paper showed that the main direct effect of the RAID model was on time to readmission:**
  - **The rate of readmission in the RAID group was four for every 100 patients, while in the pre-RAID group it was 15 for every 100**
  - **Including the RAID-influence group, the total reduction in readmissions is estimated to be 1,800 over 12 months. This equates to a saving of 8,100 bed-days per year**
  - **There is also a strong indirect effect resulting from the broader influence on those not referred to the service, in the form of reduced lengths of stay: the RAID-influence group demonstrated an average length of stay 3.2 days shorter than that of the pre-RAID group. This corresponds to a total saving of 13,935 bed-days per year**
  - **The RAID model is estimated to save between 43 and 64 beds per day, which is equivalent to two-three wards**
  - **Most of the savings were accrued by geriatric wards**
  - **The study estimates the potential savings to be £4-6 million per hospital by reducing both admissions and length of stay**
- **The service won a prestigious *HSJ* Award for innovation in mental health in 2010**
- **RAID was highlighted in 2011 in an NHS Confederation Mental Health Network briefing paper which documented the benefits of liaison psychiatry**
- **An independent economic evaluation of the original RAID service was produced by the London School of Economics and Centre for Mental Health in 2011**
- **RAID was cited in an a 2012 *HSJ* article, "Liaison psychiatry can bridge the gap"**
- **An economic evaluation of the RAID roll-out across Birmingham was produced in 2013 by the local Commissioning Support Unit, Midlands and Lancashire CSU**
- **Further liaison psychiatry service guidance which discusses the range of potential models was produced for the South West Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions in 2014**
- **WMAHSN commissioned and funded a RAID review from the University of Birmingham's Health Services Management Centre, with six West Midlands implementation sites involved (2015)**
- **Dementia and self-harm e-learning, tailored for acute trust staff, has been delivered to more than 60 staff in each module across two acute trusts**
- **A national RAID Network has been established to support organisations and individuals who are using or planning to use Psychiatric Liaison models. To date two meetings have been held, the second of which had Geraldine Strathdee, National Director for Mental Health, as a key speaker. The RAID network's first event attracted delegates from across**

the region, along with people from across England and the wider UK. 61 people from 24 organisations attended the first event, and 64 people from 31 organisations registered for the second event. In total, representatives from 41 different organisations registered to attend, with 17 new organisations coming to the second event. This has created a mechanism for sharing best practice for liaison services nationally. Following its establishment as an AHSN funded initiative, the network's long term funding has now been secured by BSMHFT in partnership with East London NHS Foundation Trust
- The national RAID Network is supported by a website and newsletters
- The AHSN, two academic organisations, two acute trusts, two mental health trusts and three industry bodies were involved in project delivery.

Supporting quote for stakeholder / programme lead

John Short, Chief Executive at Birmingham and Solihull Mental Health NHS Foundation Trust, said: "RAID has a track record of improving quality of care for patients and also saving money and has been independently evaluated and highlighted nationally as a best practice model for liaison psychiatry. We are delighted to host this network in order to bring together teams from across the NHS to share knowledge and learning and further develop and improve the RAID model for the future."

Which national clinical or policy priorities does this example address?

- This is a priority area for the government, with a £30 million targeted investment in effective models of liaison psychiatry in more hospitals announced in October 2014 as part of its aspiration to put mental health care on an equal footing with physical healthcare
- The NHS Five Year Forward View emphasises proper funding and integration of mental health crisis services, including liaison psychiatry.

Plans for the future

The RAID review will be used to drive consistency and to support the tailoring of RAID services regionally, to local needs and context while remaining true to the core principles which enable successful delivery. RAID is now a central part of WMAHSN's strategy for improving mental health, and is a core aspect of the successful AHSN sponsored Mental Health Crisis Care Test Bed.

Tips for adoption

- Innovative new approaches can make an important contribution to improving outcomes and relieving pressures on other parts of the health system – but there are unlikely to be 'magic answers' or panaceas. Even where a new model appears to have significant early success it is unlikely to be something that can simply be imported/bought in in order to solve all problems locally

- **Many participants felt that RAID had delivered (or had the potential to deliver) real benefits. However, the way in which RAID was planned, resourced, staffed and supported were perceived to be key factors influencing its success**
- **New services do better when they receive the support of senior managers and where the service is sufficiently resourced – a number of participants talk of a 'critical mass' that was needed to instigate real change**
- **RAID was more favourably evaluated by participants when services included a focus on older adults and where the service addressed the needs of inpatients, in addition to having a role in reducing waiting times in A&E**
- **The RAID service, designed to operate across a number of different services, could not be sufficiently evaluated by using single outcome measures i.e. reduced waiting times or cost savings**
- **New models are designed in a specific way for a reason, and there needs to be a degree of fidelity to the underlying model if the successes of early service models are to be replicated. Only partially implementing a new approach is unlikely to work. Certainly, those Trusts that have taken the RAID model and implemented only a proportion of the new approach shouldn't be surprised if it doesn't deliver what a full model might**
- **At the same time, new ways of working need to be designed and implemented in ways that are appropriate within the context of existing local services, personalities and relationships. This means that models cannot be imported wholesale, but that there is a legitimate process of adaptation (which may take time to plan and implement)**
- **Taken together, the two bullet points above suggest a tricky balance between being clear on/remaining true to the key elements of a successful model, whilst also being flexible about how best to implement in different local contexts. Adaption of the model needs to be mindful of existing services that are in operation and of local populations**
- **'Soft' outcomes matter too – even if they are harder to measure. It may take time for all outcomes to be produced because of "teething difficulties" as a service establishes itself and because an attitudinal change towards mental health is hard to achieve**
- **The involvement of a wide range of stakeholders in designing how to implement and spread the adoption of RAID is critical, and in the West Midlands, the AHSN has proved a key catalyst. Other regions wishing to implement raid would be advised to seek the support of their regional AHSN.**
- **Paying attention to practicalities is important (for example, access to IT and appropriate accommodation/space near to linked services). In order to have an integrated service, teams need to be physically close to each other and be able to access joint notes**
- **Developing new ways of working takes time, and is as much about developing new relationships as anything else. By definition, liaison is a two-way process, and attention needs to focus on the host organisation as well as on the new service**
- **Above all, we need to be clear about the outcomes we are trying to achieve by looking to a new service. Improving patient experience is a different type of outcome from trying to hit a 4-hour access target, which is different again from raising awareness of mental health issues amongst hospital staff, facilitating swift discharge, preventing readmissions and/or freeing up staff time to focus on other priorities. While it may be possible for one approach to do a number of these things at once, being clear about what success would look like seems to be an important precursor to knowing whether or not something has actually succeeded in practice.**

Contact for further information

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