Information to support the implementation of

S12 Solutions

Learning from Hampshire & Southampton

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S12 Solutions is a mobile application and website created to make Mental Health Act (MHA) assessment setup and claim form processes quicker, simpler and more secure. The platform connects Approved Mental Health Professionals (AMHPs) with section 12 approved doctors (referred to throughout the slide deck as s.12 doctors).

This slide deck was created to help support other areas looking to implement S12 Solutions.
Hampshire and Isle of Wight Sustainability and Transformation Partnership (HIOW STP) launched the S12 Solutions platform across Southampton and Hampshire in October 2019.

The STP commissioned Wessex Academic Health Science Network (AHSN) to carry out an independent evaluation of the impact of the platform.

As part of the evaluation we captured learning from the system.

The following slides provide information that may support other areas with the implementation process. The lists are not exhaustive.
Key Milestones

Knowledge into interest

Interest into decision

Decision into implementation

Implementation into adoption
Knowledge into Interest

Suggested scoping questions to better understand the system:

<table>
<thead>
<tr>
<th>Commissioners /Clinical Commissioning Group (CCG)</th>
<th>Local Authority (LA) / AMHPs</th>
<th>MHA Leads / s.12 Doctors</th>
<th>Service User / Carer / Family</th>
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</thead>
<tbody>
<tr>
<td>What is your current process for setting up Mental Health Act (MHA) assessments? Do you use paper lists of s.12 doctors? Are there any ‘sticking points’ / gaps in the process?</td>
<td>Does the time it takes to assemble an assessing team have a detrimental impact on AMHPs’ preparation / administration time?</td>
<td>Frustration regarding claim forms – do claims often go unpaid? Or are there significant delays in claim form payment?</td>
<td>Are there any service user stories? How do service users / carers feel about the system?</td>
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<td>Has there been an increase in the use of s136 suites / places of safety and / or MHA assessments?</td>
<td>Do the AMHPs have problems identifying s.12 approved doctors even with an on-call rota?</td>
<td>Are doctors feeling frustrated about receiving calls when they are not available for s.12 work?</td>
<td>Has there been an increase in the number of incident reports, negative feedback and compensation claims?</td>
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<tr>
<td>What is the average wait for a MHA assessment? Is it an acceptable wait?</td>
<td>AMHP recruitment – are there issues recruiting new people to roles (fishing from the same pool)? Is there a reliance on freelance AMHPs?</td>
<td>Do doctors feel inundated with requests to attend assessments when on call?</td>
<td>Waiting for a MHA assessment can be a stressful and distressing time for the service user and their family / carer – could the time the person is held waiting for an assessment be reduced?</td>
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<td>Are there business efficiency savings to be made regarding pressures on other services? - Are service users waiting in Emergency Departments (ED) / in ambulances / with the police / secure transport providers for extended periods while assessing teams are assembled?</td>
<td>Do the AMHPs have difficulty identifying s.12 approved doctors with additional languages or specialties to meet the needs of the service user?</td>
<td>Are doctors getting the right continuing professional development (CPD) opportunities for revalidation of their s.12 status?</td>
<td>Are there any service user stories? How do service users / carers feel about the system?</td>
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<td>How long does each administrator spend per month inputting information to facilitate claims for payments, handling issues around delays, and organising a monthly payment run?</td>
<td>Are the AMHPs regularly working beyond their contracted hours due to assessments happening at the end of (or after) their shift because they have not been able to find available s.12 doctors?</td>
<td>Are there any service user stories? How do service users / carers feel about the system?</td>
<td>Has there been an increase in the number of incident reports, negative feedback and compensation claims?</td>
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<td>From a GDPR perspective how many people have access to the claim forms? Would there be better GDPR compliance if this process was streamlined and digitised?</td>
<td>Does the time it takes to assemble an assessing team impact on team morale / wellbeing?</td>
<td>Do AMHPs have problems identifying whether the second doctor is from within the same supervisory team?</td>
<td>Waiting for a MHA assessment can be a stressful and distressing time for the service user and their family / carer – could the time the person is held waiting for an assessment be reduced?</td>
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<tr>
<td></td>
<td>Do AMHPs have problems identifying whether the second doctor is from within the same supervisory team?</td>
<td>Are all the assessments lawful? – Do all the doctors have the required S12 approval? How do you check whether their registration is up to date / expired?</td>
<td>Are there any service user stories? How do service users / carers feel about the system?</td>
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<tr>
<td></td>
<td>Are AMHPs getting best use of the whole network of s.12 doctors in their area? Or are the same doctors being used time and time again?</td>
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</table>
• Consider local context, systems and culture
• Engage with the doctors and AMHPs at the outset.
  – Make sure as key stakeholders they are part of the conversation.
  – Test how receptive they are to S12 Solutions. Is this something they feel would be useful?
  – Attend meetings and/or carry out surveys to understand how the local pathways operate (challenges/what currently works well).
  – This is a good opportunity to understand how satisfied they are with the status quo (in terms of wellbeing, hours of overtime / TOIL due to delays.) Speak to the doctors about the frequency and satisfaction of S12 callout.
  – Engagement from the outset helps to avoid stakeholders feeling like S12 Solutions has been ‘dropped on them’.
• Endorsement for the innovation needs to come from the senior leadership, e.g. the Medical Director within the Trust. Someone who spans all clinical pathways (CAMHS, Adult, Forensic, Older Persons) and is able to encourage others to engage.
  – The Clinical Director / MHA Lead / those outside the Trust (i.e. the CCG) may have insufficient leverage with the doctors.

• Work with the AMHP Leads and services managers; their endorsement of the innovation will help to encourage the AMHPs to engage.

• Establish a communication strategy early. Work out how best to communicate with the different stakeholders in your locality.
  – How best to communicate with people in different Local Authorities (LAs), Trusts?
  – Who do people listen to?

• Get the right people around the table - who are the key influencers? It is not always about seniority.

• When getting the Data Protection Impact Assessment (DPIA) organised take into account that LAs and Trusts may operate to different timescales, or have different considerations i.e. children and adult services.

• Consider using the NASSS framework for technology adoption in healthcare to help commissioners and stakeholders to better understand the current system.
  – The framework was developed by Professor Tricia Greenhalgh and her team: Click here for further information.
  – Five key problem areas loosely form the NASSS acronym: Non-adoption, Abandonment and challenges to Scale-up, Spread and Sustainability. The NASSS-CAT (Complexity Assessment Tool) can be used to identify and understand complexity.

• Engage with the IT leads early to ensure integration with existing IT goes smoothly.
Decision into Implementation

• Ensure the right hardware is physically in place for all the stakeholders prior to the training and launch to avoid delays.
  – Make sure it is made clear that people need access to specific internet browsers, operating systems or servers.
  – Ensure stakeholder mobile phones meet the correct specification to run the S12 Solutions app.
• For conversations relating to baseline data collection, include the person involved in processing the doctors’ claim forms...as they can be an excellent source of information and insight.
• Establish the denominator for AMHPs and (as far as possible) the doctors – do you know the total number of AMHPs / doctors you are trying to reach?
  – Establishing a denominator for doctors might be challenging as they move between systems. It is therefore important to work with the Trusts to engage their employees and work with the AMHP Leads to engage their independent doctors, to provide an indication of the numbers you can engage with.
• Consider how you will measure progress.
  – What does success / failure look like?
  – What are your key performance indicators (KPIs)?
  – What percentage of AMHPs / doctors are you aiming to have using the app?
• Ensure that training happens prior to (but also close to) the S12 Solutions platform launch.
• If possible incorporate the training into existing meetings / training sessions to ensure good attendance rates.
• Ensure the training is as valuable and practical as possible. Everyone who attends the session should leave the session registered, with access to the app, and having had opportunity to trial the app and ask questions.
• Do not underestimate the amount of work required to ensure people are registered on the app prior to training.
  – Good communication is key. Attend stakeholder meetings (e.g. AMHP forums, doctors meetings). Liaise with clinical leads.
  – If it is not possible to get everyone registered in advance, consider inviting them to bring their paperwork and the phone they will use to the training session in order to support them with registration and downloading the app on the day.
• Hold regular ‘project team’ meetings to help maintain close links between system stakeholders and S12 Solutions
  – This enables the adoption of a coordinated approach when contacting AMHPs and s.12 doctors for registration so that they do not feel bombarded.
Implementation into Adoption

- Find out which doctors the AMHPs rely on most and engage with them early on in the process; ensuring they are registered and logged in from the beginning
  - Work with AMHPs to understand which doctors they contact regularly for assessments and prioritise activity on this cohort. If the AMHPs cannot find the colleagues they usually work with they may disengage.
- Appoint AMHP champions to lead by example and help others engage
- Speak to people on the ground – if they’re not engaging, find out why
- Ensure support is provided face to face and in person where possible
  - For instance, having a practising mental health clinician as part of the implementation team is really helpful.
    - Anecdotally clinicians are more receptive to hearing from fellow clinicians.
    - Local knowledge is important when interpreting why differences across a locality are emerging.
- Utilise QI methodologies – plan, do, study, act cycles – following the first few assessments, to gain early feedback from users
- Identify clear communication routes to keep doctors and AMHPs up to date in order to maintain momentum and encourage continued engagement. Let stakeholders know:
  - the numbers using the app
  - the impact / good news stories / benefits
  - ‘You said, we did’ – in response to any issues that have arisen.
- Hold a stakeholder review workshop
  - A ‘100 days of S12’ review session was set up (100 days after the platform launched) and local s.12 doctors and AMHPs were invited to attend.
  - This provided the opportunity to use QI methodologies to ensure processes are following the expected pathways (not workarounds) and to further develop / tailor the communications strategy.
- Continue to hold regular ‘project team’ meetings throughout the implementation phase
  - Opportunity to share learning, troubleshoot and plan for next steps on an ongoing basis.
- Schedule repeat training sessions in line with planned recruitment intake (doctors) and at key intervals for AMHPs.
Additional Resource:

Wessex AHSN has developed an organisational change road map: [click here to download a copy.]
For further information, please contact:

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