Independent Evaluation of the

S12 Solutions Platform

in Hampshire and Southampton

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**Disclaimer**

This report presents the findings of an independent evaluation comprising quantitative and qualitative data analysis demonstrating the impact of the S12 Solutions platform across Hampshire and Southampton. The findings and interpretations in this report are those of the author and do not necessarily represent the views of S12 Solutions Ltd or the local services piloting the platform.

**Acknowledgements**

We would like to thank the Southampton and Hampshire Approved Mental Health Professionals (AMHP) teams, particularly team leaders, for their engagement and input during the period of evaluation.  
We would like to thank all the AMHPs and section 12 approved (s.12) doctors who participated in the baseline and follow up questionnaires that were circulated before and after implementation.  
We would also like to thank Wessex AHSN Insight Team for their guidance and expertise. Finally, we would like to thank NHS Southampton City Clinical Commissioning Group (CCG) Finance Team, SecureCare UK and S12 Solutions Ltd for sharing their data and knowledge to assist the evaluation.
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1. Introduction

Wessex Academic Health Science Network (AHSN) has undertaken an independent evaluation of the S12 Solutions platform in Hampshire and Southampton on behalf of the Hampshire and Isle of Wight Sustainability and Transformation Partnership (HIOW STP). 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 aim of this evaluation is to provide robust evidence of the impact of the platform on the MHA assessment setup process and claim form processing.

A Mental Health Act Assessment is an assessment to decide whether a person should be detained in hospital under the Mental Health Act (1983) to ensure they receive care and medical treatment for a mental disorder. Before a person can be lawfully held under the MHA, an Approved Mental Health Professional (AMHP) and two doctors: a registered medical practitioner and a section 12 approved (s.12) doctor, must agree that detaining the person in hospital is the best way to provide their care.

AMHPs hold the responsibility for assembling the assessing team. S12 Solutions is designed to facilitate this process by giving the AMHP access to up to date s.12 doctor availability. The platform also aims to speed up the process for paying s.12 doctors once an assessment is complete and reduce the opportunity for data breaches by automating the process.

HIOW STP have been undertaking a review of their crisis pathways and decided to pilot the use of S12 Solutions platform to improve the MHA assessment process. The platform launched in Southampton in October 2019, closely followed by Hampshire in November of the same year.

During the period of evaluation, the COVID-19 pandemic developed. We have highlighted throughout the report where this has impacted on the evaluation.
2. Headlines (as of 1st July 2020)

- **274 days** since S12 Solutions was launched (9 months) - Fewer phone calls, texts and e-mails needed to arrange assessing teams
- **70 AMHPs registered** on the platform - 22 out of 29 (76%) AMHPs said they value the effect S12 Solutions has had on their work
- **116 s.12 doctors registered** on the platform - 28 out of 29 (97%) AMHPs felt that S12 Solutions has given them access to a larger network of s.12 doctors
- **2,028 s.12 doctor attendances** booked for assessments through the platform (approx. 179 a month since January 2020) - 22 out of 27 (81%) s.12 doctors contacted said they would recommend the S12 Solutions platform to others
- **Over 1,700 s.12 doctor claim forms submitted** through the platform (approx. 254 a month since January 2020) - More than 3.5 hours of admin time saved for every 50 claim forms processed
- **s.12 approval checked automatically** via a link to the Department of Health and Social Care Mental Health Act Register Database, reducing the risk of unlawful detention - Improved governance - patient and staff data is now more secure
3. **Background and Overview**

In most cases when people are treated in hospital or another mental health facility, they have agreed or volunteered to be there. However, in certain circumstances, if a person needs urgent treatment for a mental health disorder and is at risk of harm to themselves or others, they can be detained, also known as sectioned, under the Mental Health Act (1983) and treated without their agreement. Before a person can be lawfully detained under the MHA, they need to have a MHA assessment carried out by an assessing team.

When a MHA assessment is required, the appropriate local authority Approved Mental Health Professional (AMHP) service will be contacted. The AMHP will review the person’s background information, establish if they are known to mental health services, contact the people involved, and attempt to identify the person’s nearest relative. They will then search a list of section 12 approved (s.12) doctors/registered doctors to support the assessment process.

Sourcing the appropriate doctor(s) to undertake the assessment is often challenging especially if the individual has a need requiring specialist knowledge, such as a learning disability (LD) or they are under the age of 18. It is best practice for the AMHP to seek a doctor who knows the patient in a professional capacity (doctor with previous acquaintance), or that specialises in a specific area e.g. LD, Child and Adolescent Mental Health Services (CAMHS), Older Persons or Adult Psychiatry.

Once appropriate doctors are identified, a suitable assessment time needs to be established when both doctors are available. The flow diagram shown in Figure 1 on the following page shows the process of contacting and coordinating two doctors for an assessing team. This searching and seeking process can take several hours, which means a patient can be left waiting for long periods.

Once the doctors have confirmed their attendance, the assessment will go ahead at the agreed time and an outcome for the assessment will be reached.
Flow diagram for setting up the assessing team

Figure 1: Flow diagram highlighting the process of contacting and coordinating two doctors for an assessing team
3.1 System challenges for Hampshire and Southampton

In 2018 the HIOW STP identified the following system challenges within their existing MHA process:

- AMHPs can spend hours working from paper lists trying to find suitable doctors (particularly ones with relevant specialties) and coordinating their availability to attend assessments.
- The lists of s.12 doctors can be out of date, containing inaccurate information.
- The time lost searching for appropriate doctors can delay assessments, leaving patients distressed and at risk.
- AMHPs may work beyond their contracted hours if an assessment happens at the end of or after their shift because they have not been able to find available s.12 doctors.
- Emergency Department (ED), ambulance, police and place of safety resources are taken up during delays.
- There is no robust process for checking whether the doctor’s s.12 approval status has expired.
- AMHPs are unable to access the full range of s.12 doctors available.
- The lack of s.12 doctors can be a challenge, particularly in more rural parts of the region.
- Doctors can be reluctant to put themselves forward for s.12 work because they have no control over the times they are contacted, and they do not want to receive calls at inconvenient times.
- Delayed or missing s.12 claim payments can disincentivise doctors from participating in s.12 work and create additional work for those administering payments.
- Delayed assessments may increase unlawful detentions, which could increase the likelihood of incident reports/compensation claims.
- s.12 doctors have been known to stockpile paper claim forms and submit them in bulk, which prevents the CCG from budgeting effectively.
- Protracted assessment setup time reduces the time AMHPs have available to prepare for assessments, for example understanding the patient history, consulting with the nearest relative, considering the least restrictive options and avoiding inappropriate admission.
3.2 Description of S12 Solutions

S12 Solutions was developed by Amy Manning, an experienced AMHP working in Bath with first-hand knowledge of current system challenges, and the impact these have on patients, practitioners, and agencies. Amy developed S12 Solutions with support from fellow AMHPs, doctors, commissioners, executives, and administrators.

S12 Solutions allows AMHPs to search a directory of s.12 doctors, verified against the Mental Health Act Register Database, based on their availability, location and specialisms, and contact them by phone or text to arrange assessment, all from within the platform. Other features include claim form creation and submission.

Figure 2 shows how S12 Solutions fits into the pathway from the point an AMHP receives a referral for a person in crisis to the point that a MHA assessment is completed.

3.3 How the Technology Works

- Doctors log in to the platform either through the S12 Solutions app or website to share their availability and/or time away. The app has been developed for Android and iOS operating systems; a website version is also available. Only s.12 approved doctors have permission to access the platform. **The doctor can:**
  - Define their availability adding ad hoc availability or recurring availability, depending on their schedule, as well as sharing the capacity in which they are available at that time, i.e. on-call, working for the trust, or independent.
  - Input times when they are away, for example for holidays, and paternity/maternity leave. Availability/time away can be updated as frequently as required.
  - Share their base postcode, specialisms, languages spoken and contact details.
  - Use the notes section on the app to specify the geographical area they wish to cover.

- When an AMHP has received a referral, they can use the S12 Solutions app or website to assemble a Mental Health Act assessing team as follows. **The AMHP can:**
  - Create a new assessment in the platform.
- **Build a preferred assessment team by searching for and selecting appropriate doctors based on the doctors' availability, base location, specialisms, and gender.**
- **Contact the doctors by calling or texting them from the app. If a doctor agrees to attend the assessment, the AMHP confirms the doctor in the app at which point the assessment location is made available to the doctor.**
- **Use the app to create, complete, and submit payment claim forms for the doctors.**

- **S12 Solutions automatically checks doctors’ information against the Department of Health and Social Care Mental Health Act Register Database to ensure all the doctors listed on the platform have up to date s.12 approval status.**

- **The platform provides data capture and reporting about user and claim form activity. Utilising this data allows Clinical Commissioning Groups (CCGs), Local Authorities (LAs) and trusts to make evidence-based improvements to their services.**

- **The first version of S12 Solutions was piloted for six months in 2018, free of charge, in Cumbria and south-west London. Learning from both pilots was used to develop a market-ready version of the system. Both pilot sites commissioned the platform.**

- **At the time of publication S12 Solutions was live or being implemented across 79 CCGs, 38 Mental Health Trusts (MHTs) and 91 Local Authorities (LAs) in England.**

- **S12 Solutions was developed to support the ambitions set out in the NHS’s Five Year Forward View and its aims are aligned with those set out in the Long Term Plan.**

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[Long Term Plan (full document)](#)
[Long Term Plan Implementation Guide](#)
[LTP Mental Health Plan](#)
4. Evaluation Overview

This evaluation has adopted a mixed methods approach, using both quantitative and qualitative methodologies. Data from multiple sources was synthesised to address the evaluation questions. A pre-post approach was used, whereby the impact of the intervention was measured against a pre-intervention baseline. Following S12 Solutions’ launch, a two month ‘settling in’ period was allowed before any follow up data was collected, so that S12 Solutions could become established within the pathway. Data and information were gathered from local systems and questionnaires were used to gain feedback from AMHPs and s.12 doctors.

4.1 Evaluation Questions

1. What is the impact of S12 Solutions on the setup of MHA assessing teams in Hampshire and Southampton?
2. Has the innovation impacted AMHP morale?
3. What is the impact on s.12 doctors’ experience of the MHA assessment setup and claim form process?
4. How has S12 Solutions impacted on local governance processes?
5. What is the impact of the S12 Solutions platform in terms of efficiency savings?

4.2 Data Collection

Over the course of the evaluation a range of different data sources and data collection methods were explored. Plans to measure the impact of the platform on assessing team setup time proved particularly challenging. The Southampton and Hampshire AMHP Teams do not record data on the time it takes to assemble MHA assessing teams. Consequently, there is no readily available measure to indicate whether the introduction of the platform has made the process of assembling an assessment team quicker. Therefore, several other options were explored:

- **Paper based audit:** Initial plans to complete a paper-based audit were ruled out following discussion with the AMHP Leads, to avoid putting additional strain on the teams, when they are already carrying out a stressful role.

- **Additional field added to existing data collection:** A request was submitted to add an additional data field to the existing data collection forms routinely used during MHA assessment for local reporting: ‘time assessing team booked’. This approach proved challenging as it was not a priority IT request and the IT team were already experiencing a backlog of requests.

- **Utilising the existing data:** Another option explored at length was utilising the data routinely captured for each assessment by the two AMHP teams. This data logs the time each referral is received by the AMHP team and the time each assessment begins; so, the time it takes to set up the entire assessment, rather than just the assessment team. This data was extracted and explored, but ultimately ruled out on the basis that a large number of variables influence the assessment setup process and can cause a delay between a referral being received and an assessment taking place (see Appendix 1).
Ultimately it was agreed with the AMHP Leads that asking the AMHPs via questionnaire to report the impact on assessment team setup times would be the most reliable method to capture this information. Appendix 2 sets out the other areas of data collection that were explored and ruled out over the course of the evaluation.

4.3 Data Used

This evaluation draws on a range of sources to explore the impact of S12 Solutions. Several key system stakeholders have been fundamental to informing the evaluation; including:

- Helen Cooke (Finance Assistant, NHS Southampton City CCG)
- Sam Culling (Interim AMHP Team Manager for the Southampton AMHP Service)
- Amy Bradley (AMHP Team Manager for the Southampton AMHP Service)
- Bev Hull (former Service Manager for the Hampshire AMHP Service)
- Amanda Jordan (Integrated Complex Care/AMHP Service Manager, Adults’ Health and Social Care, Hampshire)
- Louise Staples (Administrative Officer, Approved Mental Health Professionals Team (AMHP), Hampshire County Council)
- Sonya Mclean (Senior Commissioning Manager for Mental Health Crisis Care, Hampshire and the Isle of Wight Clinical Commissioning Groups)
- Lisa Cully (HIOW STP Workforce Lead).

The following table lists the data sources used:

<table>
<thead>
<tr>
<th>Area of Impact</th>
<th>Measure</th>
<th>Indicator of success</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMHPs</td>
<td>Time taken to organise a MHA assessing team</td>
<td>Reduction</td>
<td>AMHP feedback via baseline and follow up questionnaires</td>
</tr>
<tr>
<td></td>
<td>Impact of the assessment team setup process on AMHPs’ morale / wellbeing</td>
<td>Improvement in morale</td>
<td>AMHP feedback via baseline and follow up questionnaires</td>
</tr>
<tr>
<td>s.12 Doctors</td>
<td>Number of s.12 doctors accessible to the AMHP Teams</td>
<td>Increase</td>
<td>Anecdotal Evidence from AMHP Leads, Data provided by S12 Solutions Ltd, AMHP feedback via baseline and follow up questionnaires</td>
</tr>
<tr>
<td></td>
<td>Doctors’ experience of the MHA assessment setup and payment process</td>
<td>Improvement</td>
<td>s.12 doctor feedback via baseline and follow up questionnaires</td>
</tr>
<tr>
<td>Claim Form Processing</td>
<td>Time taken to process claim forms</td>
<td>Reduction</td>
<td>Data provided by the CCG Finance Team</td>
</tr>
<tr>
<td></td>
<td>Time taken for s.12 doctors to receive payment</td>
<td>Reduction</td>
<td>Data provided by the CCG Finance Team</td>
</tr>
<tr>
<td>Governance Processes</td>
<td>Number of points in the process for potential GDPR breaches and risk of unlawful detentions</td>
<td>Reduction</td>
<td>Evidence provided by system stakeholders</td>
</tr>
</tbody>
</table>
5. Engagement with the S12 Solutions Platform

5.1 Context - Approved Mental Health Professionals

AMHPs are mental health professionals authorised by the local authority to coordinate and oversee MHA assessments. AMHPs have a background in social work, occupational therapy, nursing, or clinical psychology. They safeguard the human and civil rights of a person being assessed under the MHA, ensuring the person is appropriately interviewed, is aware of their rights, has access to an advocate, and is treated with respect and dignity.

Both Hampshire AMHP Team and Southampton AMHP Team operate 24 hours a day and 365 days a year; however, they are set up differently and serve distinctly different populations. Understanding these differences is useful when considering the impact of this innovation on each service. The following table summarises the team structures:

<table>
<thead>
<tr>
<th>Hampshire AMHP Service</th>
<th>Southampton AMHP Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Geography</strong></td>
<td>Countywide</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td>Estimated population of Hampshire (excluding Portsmouth and Southampton): 1,382,500 people</td>
</tr>
<tr>
<td><strong>Source</strong>: ONS 2019 mid-year estimates</td>
<td></td>
</tr>
<tr>
<td><strong>Setup</strong></td>
<td>Individual AMHP teams from across the county merged in March 2015 to become a centralised Hampshire AMHP Hub. The AMHP Hub is based at Hampshire House, Eastleigh.</td>
</tr>
<tr>
<td><strong>Current total number of AMHPs employed through the service</strong></td>
<td>- 18 Hub AMHPs</td>
</tr>
<tr>
<td></td>
<td>- 34 community AMHPs (with flexible working patterns)</td>
</tr>
<tr>
<td><strong>Operating pattern</strong></td>
<td>Monday to Friday, 9:00am – 5:00pm: - 7 – 8 Hub AMHPs available - 4 community AMHPs</td>
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<td></td>
<td>Out of hours the service aims to have a minimum of 3 Hub AMHPs available on call. At weekends this typically increases to 5 Hub AMHPs.</td>
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<tr>
<td><strong>Administrative support?</strong></td>
<td>Yes - During core operating hours the team has administrative support who take phone calls on behalf of the team.</td>
</tr>
</tbody>
</table>
### Hampshire AMHP Service vs. Southampton AMHP Service

<table>
<thead>
<tr>
<th></th>
<th>Hampshire AMHP Service</th>
<th>Southampton AMHP Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of referrals per month</td>
<td>190</td>
<td>82</td>
</tr>
<tr>
<td>Average number of assessments per month</td>
<td>145</td>
<td>64</td>
</tr>
<tr>
<td>Approach used to find s.12 doctors prior to the launch of S12 Solutions</td>
<td>Paper list of approximately 20-25 s.12 doctors. List not easily maintained. Difficult to capture doctors who had left or changed contact details.</td>
<td>Numbers for approximately 30 s.12 doctors saved to the team’s central phone. List not easily maintained. Difficult to capture doctors who had left or changed contact details.</td>
</tr>
</tbody>
</table>

### 5.2 Usage of the S12 Solutions Platform by the AMHPs

- Training for the S12 Solutions platform commenced for both the Hampshire and Southampton AMHPs in the first week of October 2019. However, delays caused by Information Governance (IG) issues, meant that the official launch of the pilot was postponed in Hampshire until November 2019.

- All 70 AMHPs from across the Hampshire and Southampton AMHP teams are registered on the platform. Two S12 AMHP Champions have been assigned within each team to support engagement with the platform.

- A small number of AMHPs have felt uncomfortable about adopting the new system and have therefore been reluctant to fully engage with it.

- Both Hampshire and Southampton AMHP team leads are continuing to work with their AMHPs and the AMHP Champions to support and encourage engagement with the S12 Solution platform.

- There are a number of instances where using the platform may not be beneficial. For example, if the assessment takes place ‘out of area’ in a location that does not use the platform, then the paper process will need to be followed.

- Similarly, if the AMHP needs to contact a doctor who is not registered on the platform, they will need to revert to the paper process.

- Adoption of the platform was not immediate across Hampshire and Southampton; uptake has been gradual.

- Use of the platform has increased since it was launched. Figure 3 shows the number of s.12 doctor attendances that have been booked for assessments through the S12 platform since October 2019.
5.3 Context - S.12 Approved Doctors

The Royal College of Psychiatrists define a section 12 approved doctor as ‘a medically qualified doctor who has been recognised under s12(2) of the MHA as having specific expertise in the diagnosis and treatment of mental disorder’.

Under current legislation in England and Wales, the Secretary of State can grant approval under section 12 of the Mental Health Act, provided the clinician meets the requirements set out in the Act. This responsibility is delegated to local Section 12 panels, which also hold responsibility for the accreditation of induction and refresher courses.

A clinician can be approved for a period of up to 5 years; at the end of this period they can apply for revalidation. Winterhead Limited is the approvals panel for the South East. Powers under section 12(2) of the MHA 1983 for England and Wales:

- ‘Giving medical recommendations for the compulsory admission of mentally disordered persons to hospital or guardianship.’
- ‘Giving medical evidence to be taken into account by a court before ordering admission of a patient to hospital or guardianship.’
- ‘Giving reports to be considered by the Home Secretary for directing the transfers to hospital or guardianship of prisoners and certain other persons.’
5.4 Usage of the s.12 Solutions Platform by s.12 doctors

- Using the Department of Health’s Mental Health Act Register Database (the national list of all currently approved s.12 doctors) HIOW STP identified 118 individual s.12 approved doctors within the Hampshire/Southampton area. This figure includes 17 independent doctors.

- HIOW STP set out with the aim of encouraging 95% (112 out of the 118 s.12 approved doctors) to register on the S12 Solutions platform.

- Toni King, Consultant Practitioner Trainee (Mental Health Pathway, Health Education England, South East) supported implementation, working with local s.12 doctors to provide one to one support to encourage adoption.

- By June 2020, HIOW STP’s aim was achieved; 116 doctors were registered on the platform. Figure 4 shows the number of s.12 doctors registered on the platform by month.

![Number of s.12 doctors registered on the S12 Solutions Platform for Hampshire and Southampton](image)

*Figure 4: The graph shows the number of locally available s.12 doctors registered on the S12 Solutions platform each month since the Hampshire and Southampton pilot launched (data provided by S12 Solutions Ltd)*
Figure 5 shows the number of hours that s.12 doctors have listed themselves as available on the platform per month since January 2020.

**Figure 5: The graph shows the number of hours that the s.12 doctors have listed themselves as available on the S12 Solutions platform since January 2020.**
6. Impact of the S12 Solutions Platform on AMHPs

6.1 Evaluation Approach

Data for this section of the evaluation was collected by questionnaire. A pre-post intervention approach was used, whereby the impact of the intervention is measured against a baseline; see Figure 6 below:

![Figure 6: The structure of the evaluation questionnaires used to gather feedback from the AMHPs](image)

The baseline questionnaire, consisting of 32 questions, was first circulated to the Hampshire AMHP Team on the 9th September 2019 at the County Forum as a paper-based survey. It was also set up online through SurveyMonkey and circulated to both AMHP Teams on the 13th September 2019 prior to the launch of the S12 Solutions platform in Southampton and Hampshire. The survey remained live throughout October 2019, to allow for AMHPs attending the training to complete the questionnaire prior to using the platform.

The 32 questions used at baseline were repeated in the follow up questionnaire (Sections A, B and C), to enable comparison of before and after S12 Solutions was introduced. The follow up questionnaire also included two additional sections (Sections D and E), which focused specifically on the AMHP’s feedback on the S12 Solutions platform. The follow up questionnaire was circulated on the 8th June 2020; it was sent to the AMHP Team Leads and the S12 AMHP Champions from each team to circulate. The questionnaire remained live until the end of June 2020, to try and encourage as many respondents as possible.

The questionnaires were completed on a voluntary basis. Names were requested simply to identify and match responses for any AMHPs who completed both the baseline and follow up questionnaires. The identities of the respondents are confidential, and all the data is therefore presented anonymously.

Consent was sought from all respondents completing the survey and those who declined to share their responses were removed from the analysis. The baseline and follow up questionnaires took approximately 12 minutes and 15-20 minutes to complete, respectively.

To investigate the impact of S12 Solutions on assessment setup time the results presented focus on two specific scenarios for MHA assessment: Section 136 assessments and urgent community assessments.

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1 Section 136 gives the police the power to remove a person from a public place and take them to a place of safety, if they believe that person to be 'suffering from mental disorder and to be in immediate need of care or control' (Mental Health Act, 1983). The individual will be securely transported to one of the four designated places of safety across Hampshire (Parklands, Elmleigh, The Orchards and Antelope) to undergo a Mental Health Act (MHA) assessment. The police have the power to detain someone under s.136 of the MHA for up to 24 hours (this can be extended for an additional 12 hours if necessary). The time starts when the person arrives at the place of safety.
While all MHA assessments should be conducted in a timely way, these two scenarios are particularly time sensitive and cannot be arranged in advance. Appendix 3 provides an overview of the MHA assessment setup process for Section 136 assessments and urgent community MHA assessments.

The questionnaire that was circulated contained several questions relating to the time taken between referrals to the AMHP service and MHA assessments beginning. The responses collected in answer to these questions highlighted the complexity of the system and the broad range of factors that can delay MHA assessments (Appendix 1 highlights the additional factors that can impact on the time between referral and assessment). Therefore, the questions presented in the sections below have been narrowed down to focus specifically on ‘assessment team setup’, which is the area of assessment setup that S12 Solutions can influence. Additional feedback provided in relation to the entire MHA assessment process by the AMHPs on broader resource constraints and organisational setup have been fed back to HIOW STP separately.

### 6.2 Questionnaire Response Rate— Hampshire AMHP Service

The baseline questionnaire was completed by 26 Hampshire AMHPs. The follow up questionnaire was completed by 22 Hampshire AMHPs. Ten of the Hampshire AMHPs who completed the questionnaire at baseline went on to complete the follow up questionnaire; the remaining respondents are different AMHPs from across the Hampshire AMHP Service.

The following table shows a breakdown of the respondents by whether they are Hub or Community AMHPs and the number of years they have worked for the Hampshire AMHP service:

<table>
<thead>
<tr>
<th>Number of AMHPs who responded</th>
<th>Baseline Questionnaire</th>
<th>Follow-up Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>(overall response rate: 26 of a possible 55 AMHPs = 47%)</td>
<td>26</td>
<td>22 (overall response rate: 22 of a possible 55 AMHPs = 40%)</td>
</tr>
<tr>
<td>Team the responding AMHPs work for</td>
<td>- 12 respondents from the Hampshire AMHP Hub (12 out of 18 = 66% response rate)</td>
<td>- 13 respondents from the Hampshire AMHP Hub (13 out of 18 = 72% response rate)</td>
</tr>
<tr>
<td></td>
<td>- 14 respondents from the Community AMHP Team (14 out of 34 = 41% response rate)</td>
<td>- 9 respondents from the Community AMHP Team (9 out of 34 = 26% response rate)</td>
</tr>
<tr>
<td>% of respondents by the number of years they have worked for the Hampshire AMHP service</td>
<td>More than 10 years</td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td>6 - 10 years</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>3 - 5 years</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>Less than 2 years</td>
<td>12%</td>
</tr>
</tbody>
</table>

The following sections present the findings from the baseline and follow up questionnaires circulated to the Hampshire AMHPs.
6.3 Impact on the MHA assessment team setup process for the Hampshire AMHP Service

In both the baseline and follow up questionnaire the AMHPs were asked, ‘On average, how many phone calls/text messages/e-mails do you make to doctors before a Mental Health Act assessment team is assembled?’.

Figure 7 demonstrates that since the introduction of the S12 Solutions platform the Hampshire AMHPs are making fewer attempts to contact doctors to organise assessing teams.

![Figure 7: A graph showing the number of phone calls / text messages / e-mails required to arrange an assessing team before and after the introduction of S12 Solutions for the Hampshire AMHP Service](image)

- All 26 AMHPs completed the questionnaire at baseline and all 22 completed it at follow up.
- The results show that 73% of respondents (16 out of 22) at follow up stated that they needed to make 5 or fewer contact attempts in order to organise an assessing team, compared to 38% prior to the introduction of S12 Solutions (10 out of 26).
The AMHPs were asked: ‘On average, how long does it take to arrange the assessing team for someone placed under S.136?’ i.e. what is the average length of time from the point the AMHP starts attempting to contact the first doctor to the point the assessing team is confirmed for someone placed under S.136.

Figure 8 indicates that since the introduction of S12 Solutions the Hampshire AMHPs have experienced a reduction in the average time it takes to assemble an assessing team for a Section 136 assessment.

- All 26 AMHPs completed the questionnaire at baseline and all 22 completed it at follow up.
- Prior to the introduction of S12 Solutions most of the Hampshire AMHPs reported an average assessing team setup time of 3 – 4 hours for section 136 assessments.
- Only 4% of the Hampshire AMHPs (1 out of 26) felt they were able to assemble an assessing team for a section 136 in under an hour.
- Following the introduction of S12 Solutions, 73% of the responding AMHPs (16 out of 22) reported an average assessing team setup time of 2 hours or less, with 41% (9 out of 22) reporting assessing team setup taking an average of an 1 hour or less.
The AMHPs were also asked: ‘**On average, how long does it take to arrange the assessing team for an urgent community Mental Health Act assessment?**’

Figure 9 indicates that since the introduction of S12 Solutions the Hampshire AMHPs have also experienced a reduction in the average time it takes to assemble an assessing team for an urgent community MHA assessment.

![Figure 9: Average time the Hampshire AMHP Team take to arrange an assessing team for an urgent community MHA assessment before and after the introduction of S12 Solutions](image)

- All 26 AMHPs completed the questionnaire at baseline and all 22 completed it at follow up.
- Prior to the introduction of S12 Solutions most of the Hampshire AMHPs reported that the average setup time for urgent community assessment assessing teams can take anywhere between 1 and 4 hours.
- The proportion of AMHPs reporting the average assessing team setup time as one hour or less rose from 4% of respondents (1 out of 26) to 23% (5 out of 22) following the introduction of S12 Solutions.
- No AMHPs at follow up reported assessment team setup taking longer than four hours.
The AMHPs were asked: ‘Do you find yourself working beyond your contracted hours as a consequence of the time it takes to find and book doctors for Mental Health Act assessments?’ Figure 10 demonstrates that fewer Hampshire AMHPs reported working over their contracted hours following the introduction of S12 Solutions.

**Figure 10: Proportion of AMHPs who responded to the questionnaire from the Hampshire AMHP Service, who work beyond their contracted hours because of the time it takes to find and book doctors for MHA assessments**

- 24 out of 26 AMHPs completed this question at baseline, while 22 out of 22 completed it at follow up.
- The proportion of AMHPs who reported that they ‘sometimes’, ‘usually’ or ‘always’ work beyond their contracted hours decreased from 83% (20 out of 24) at baseline to 59% (13 out of 22) following the introduction of S12 Solutions.
- The proportion of AMHPs who ‘rarely’ or ‘never’ worked beyond their contracted hours increased from 17% at baseline (4 out of 24) to 41% at follow up (9 out of 22) following the introduction of S12 Solutions.
The AMHPs were asked to share their feedback regarding ‘**arranging doctors for Mental Health Act assessments since the introduction of S12 Solutions**’. 18 out of 22 AMHPs provided comments. These comments were analysed, and themes identified. Some of the challenges flagged are outside of the control of the platform, for instance ‘availability of doctors during working hours’. However, data collected through the platform could help highlight the challenges faced by teams and support commissioners to make evidence-based decisions. The following table shows the six key themes identified alongside examples of the AMHPs’ comments:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of respondents who mentioned this theme</th>
<th>Example Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive Impact</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Useful tool                                     | 7                                             | “The app has made it much easier to contact the appropriate doctors.”  
“The app has been an extremely helpful tool in our job.”  
“Very helpful in finding available doctors.”                                                                                             |
| S12 Solutions provides a wider pool of available doctors | 6                                             | “S12 has increased awareness of the range of different s.12 doctors across Hampshire and has led to increased variety of the doctors being used.”  
“The app is an excellent addition. It reveals doctors I didn’t know existed.”  
“The best thing about the app is that it introduces you to doctors that you never knew existed.” |
| Improved claim form payment process for the doctors | 4                                             | “If the doctors are registered on the app, the automated payment system makes life significantly easier.”  
“The doctors like it as they get paid quicker.”  
“Doctors who are on board love the app and it is less time consuming and awkward doing claims for doctors - which has helped.” |
| **Challenges**                                  |                                               |                                                                                                                                                                                                             |
| Not all the doctors update their availability   | 6                                             | “Some doctors are not good at updating their calendar, so it looks like they are available when they are not.”  
“Initially doctors were putting the time they are available, but this is not used so often, and it just says limited availability.” |
| Doctors not available during ‘working hours’   | 3                                             | “Difficulties remain around doctors not being available during working hours, which delays assessments.”  
“Doctors are more available after working hours than during the day.”  
“We are hearing a lot more now that doctors cannot attend until after 17.00.”     |
<p>| Limited detail on specialisms for doctors       | 2                                             | “Some doctors record their specialties as pretty much all categories which makes it difficult to know if we have booked someone with a current specialty in that area.” |</p>
<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of respondents who mentioned this theme</th>
<th>Example Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not all doctors use the app</td>
<td>2</td>
<td>“Some community consultants are not on the app.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Sometimes have to find the doctor outside of the app.”</td>
</tr>
</tbody>
</table>

### 6.4 Impact on AMHP Morale within the Hampshire AMHP Service

The AMHPs were asked: ‘How do you feel the current approach for finding and contacting doctors for Mental Health Act assessments impacts on staff morale?’.

Figure 11 demonstrates that S12 Solutions has had a positive impact on AMHP morale.

![Graph showing Hampshire AMHP Team responses to the question: How do you feel the current approach for finding and contacting doctors for Mental Health Act assessments impacts on staff morale?](image)

*Figure 11: Graph showing Hampshire AMHP Team responses to the question: How do you feel the current approach for finding and contacting doctors for Mental Health Act assessments impacts on staff morale?*

- 25 out of 26 AMHPs completed this question at baseline, while 22 out of 22 completed it at follow up.
- The majority of the AMHPs (64%, 16 out of 25) felt that searching for and contacting doctors using paper lists at baseline had a negative impact on their morale. Whereas 82% of AMHPs (18 out of 22) felt that finding and contacting doctors via the S12 Solutions platform had *some positive* or a *strongly positive* impact on their morale.
Integration into the Hampshire AMHP Service’s current working practice

To gauge the AMHPs’ response to the implementation of the S12 Solutions platform three questions were included in Section D of the follow up questionnaire that were adapted from the Normalisation MeAsure Development questionnaire (NoMAD)\(^2\). NoMAD was developed by a research team at Newcastle University, UK for assessing implementation processes from the perspective of professionals directly involved in the work of implementing complex interventions in healthcare. Each question is scored out of 10, with 10 indicating ‘completely’, five indicating ‘somewhat’ and zero indicating ‘not at all’.

The table below summarises the average scores assigned by the AMHPs. The results are broken down by the number of years that the AMHPs have worked for the Hampshire AMHP Service.

<table>
<thead>
<tr>
<th>Years of experience of Section 12 work</th>
<th>When you use the S12 Solutions platform how familiar does it feel?</th>
<th>Do you feel the S12 Solutions platform is currently a normal part of your working practice?</th>
<th>Do you feel the S12 Solutions platform will become a normal part of your working practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 10 years</td>
<td>7.0</td>
<td>7.7</td>
<td>8.0</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>6.3</td>
<td>6.8</td>
<td>8.3</td>
</tr>
<tr>
<td>3 - 5 years</td>
<td>8.3</td>
<td>8.7</td>
<td>9.3</td>
</tr>
<tr>
<td>Less than 2 years</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Average score for all 22 respondents</td>
<td>7</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

- The results indicate that the AMHPs are reasonably confident with using the platform; particularly the AMHPs who are newer to the service. This may be because they are more receptive to a new way of working, as they have had less experience of the older processes.

- The AMHPs with 6 – 10 years of experience show less confidence with the platform, indicating that it feels less familiar and less integrated into their working practice compared to the other groups.

- Nonetheless, across all the groups ‘Do you feel the S12 Solutions platform will become a normal part of your working practice?’ has been assigned an average score of 8 or more, suggesting that the majority of the responding Hampshire AMHPs feel confident that S12 Solutions will become part of their normal working practice.

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The AMHPs were also asked ‘What do you think has helped / hindered the use of the S12 Solutions platform in this pathway?’. All 22 AMHPs responded. Their comments highlighted a range of themes relating to the different factors that have helped and challenged S12 Solutions’ integration into their current working practice. Figure 12 presents these themes.

**Figure 12: Factors that the Hampshire AMHPs have highlighted as helping/hindering implementation of the S12 Solutions platform in this pathway**

- **Helped:**
  - “The app is easy to use.”
  - Good support from the S12 Solutions team.
  - Useful access to doctors and up to date contact details.
  - Straightforward to create claims.

- **Hindered:**
  - The team is using older technology to run the app and consequently they have experienced technical issues: “App can be sluggish and freeze”.
  - Search feature on the platform “requires case sensitive input (and grammar) for addresses”.
  - Cultural issues – “Some doctors have been slow to get on board”.
  - Doctors not providing accurate availability.
  - More training required – “not all AMHPs have the same level of IT literacy”. One AMHP commented that they had “missed all the training sessions”.
  - A key challenge for the Hampshire AMHP service has been how quickly the app runs on their work phones. 18 out of the 22 Hampshire AMHPs mentioned the platform being ‘slow’ or ‘sluggish’ in their feedback. Four AMHPs refer to the app ‘crashing’ or ‘freezing’. One AMHP mentioned it being: “slower off wifi out in the community” and another stated: “I had a really slow work phone and the app didn’t work very well on it. I now use it on my hybrid which is much easier”.
  - The Hampshire AMHPs typically have Samsung J5s as their work phones; the Samsung J5 was launched in 2015. Unfortunately, S12 Solutions Ltd do not support Samsung J5s as the devices no longer receive security updates. A representative from the S12 Solutions team stated: “Although these devices can run the platform, they will be very slow”.
  - S12 Solutions’ IT requirements specification states:
    - Devices must receive regular security updates from the manufacturer and Google / Apple (see Appendix 4, for S12 Solutions full IT specification).
6.6 Hampshire AMHP Service’s Feedback on the S12 Solutions Platform

Out of the 22 Hampshire AMHPs that took part in the follow up questionnaire:

- **21 out of 22 (95%)** agreed or strongly agreed that **they would continue to support the use of S12 Solutions.**

- **17 out of 22 (77%)** value the effect that S12 Solutions has had on their work.

- **21 out of 22 (95%)** agreed or strongly agreed that S12 Solutions has given them access to doctors they did not previously work with.

- **17 out of 22 (77%)** agreed or strongly agreed that S12 Solutions has improved the Mental Health Act assessment setup process.

- **17 out of 22 (77%)** agreed or strongly agreed that **they would recommend S12 Solutions to others.**

The final question of the follow up questionnaire asked the AMHPs if they wanted to ‘**share any other comments about the S12 Solutions platform and/or pilot**’. 9 out of 22 Hampshire AMHPs provided feedback; their comments are shown in Figure 13.

- “I’m happy to use it as it allows doctors to be booked and their payment to be organised. It takes away the hassle of delaying doctors leaving the assessment asap after conclusion.”

- “PLEASE CAN WE KEEP IT!!!! It is completely invaluable to my role as an AMHP and my mental wellbeing within my role! I can’t imagine going back to working without this app. It has been VERY helpful; it takes lots of stress out of ”randomly” calling doctors hoping they are available. Also I have found some really good doctors to work with which I may not have found otherwise.”

- “The app has been an extremely helpful tool in our job. Personally, I have not experienced any delays setting up S.136 assessments since the app.”

- “The principle is excellent, if they can update the app to be smoother and more responsive...it would really be a pleasure to use. Doctors updating their availability would also help!”

- “The app has made it easier to contact doctors and more effective in submitting claim forms.”
“S12 app is an excellent "marginal gain" in a job that faces major obstacles. Therefore, it should be welcomed, but it is far from a magic bullet.”

“It is much better than how we used to work. There are a few improvements that I have mentioned in this survey which would make using this app much better.”

“I think it is a good tool.”  “In general, it’s very positive.”

Figure 13: Detailed feedback on the S12 Solutions platform provided by nine of the Hampshire AMHPs
6.7 Questionnaire Response Rate – Southampton AMHP Team

The baseline questionnaire was completed by seven Southampton AMHPs. The follow up questionnaire was also completed by seven Southampton AMHPs. Three of the Southampton AMHPs who completed the questionnaire at baseline went on to complete the follow up questionnaire; the remaining respondents are different AMHPs from across the Southampton team.

The following table shows the response rate to the questionnaire and the number of years the responding AMHPs have worked for the Southampton AMHP service:

<table>
<thead>
<tr>
<th>Number of AMHPs who responded</th>
<th>Baseline Questionnaire</th>
<th>Follow-up Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>(overall response rate: 7 of a possible 15 AMHPs = 47%)</td>
<td></td>
<td>(overall response rate: 7 of a possible 15 AMHPs = 47%)</td>
</tr>
<tr>
<td>% of respondents by the number of years they have worked for the Hampshire AMHP service</td>
<td>More than 10 years</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>6 - 10 years</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>3 - 5 years</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>Less than 2 years</td>
<td>43%</td>
</tr>
</tbody>
</table>

The following sections present the findings from the baseline and follow up questionnaires circulated to the Southampton AMHPs.

For clarity the results in this section are presented as counts of respondents rather than as a proportion (%), as the sample size is small and the same size for both questionnaires.
6.8 Impact on the MHA assessment team setup process for the Southampton AMHP Team

In both the baseline and follow up questionnaire the AMHPs were asked ‘On average, how many phone calls/text messages/e-mails do you make to doctors before a Mental Health Act assessment team is assembled?’.

All seven of the responding AMHPs answered this question in both the baseline and follow up questionnaires.

The results presented in Figure 14 do not indicate a trend and therefore suggest that, based on the seven responses, S12 Solutions has not had a distinguishable impact on the number of contact attempts required to assemble an assessing team.

![Figure 14: A graph showing the number of phone calls / text messages / e-mails required to arrange an assessing team before and after the introduction of S12 Solutions for the Southampton AMHP Team](image-url)
The AMHPs were asked: ‘**On average, how long does it take to arrange the assessing team for someone placed under s.136?**’.

All seven of the responding AMHPs answered this question in both the baseline and follow up questionnaires.

Figure 15 shows minimal change between baseline and follow up, suggesting that S12 Solutions has not had a distinguishable impact on the time it takes to assemble an assessing team for a section 136 assessment in Southampton.

![Figure 15: Average time the Southampton AMHP Team take to arrange an assessing team for someone placed under section 136 before and after the introduction of S12 Solutions](image)
The AMHPs were also asked: ‘On average, how long does it take to arrange the assessing team for an urgent community Mental Health Act assessment?’.

All seven of the responding AMHPs answered this question in both the baseline and follow up questionnaires.

The results presented in Figure 16 do not indicate a distinguishable trend and therefore suggest that S12 Solutions has not had a clear impact on the time it takes to assemble as assessing team for an urgent community MHA assessment in Southampton.

![Figure 16: Average time the Southampton AMHP Team take to arrange an assessing team for an urgent community MHA assessment before and after the introduction of S12 Solutions](image-url)
The AMHPs were asked: ‘Do you find yourself working beyond your contracted hours as a consequence of the time it takes to find and book doctors for Mental Health Act assessments?’.

Once again, all seven of the responding AMHPs answered this question in both the baseline and follow up questionnaires.

The results presented in Figure 17 indicate a reduction in the number of Southampton AMHPs who work over their contracted hours since the introduction of S12 Solutions.

However due to the small sample size (7 AMHPs) and the fact that only three of the responding AMHPs were the same people at baseline and follow up, it is not possible to determine what is a meaningful trend and what could be down to the chance working habits of those responding.

Figure 17: Proportion of AMHPs who responded to the questionnaire from the Southampton AMHP Team who work beyond their contracted hours because of the time it takes to find and book doctors for MHA assessments.
The AMHPs were asked to share their feedback regarding *‘arranging doctors for Mental Health Act assessments since the introduction of S12 Solutions’*.

Seven out of seven AMHPs provided comments. These comments were analysed, and four key themes identified. The following table shows the themes alongside an example of the AMHPs' comments:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of respondents</th>
<th>Example Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive Impact</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Useful / helpful</td>
<td>4</td>
<td>“I have found the app very helpful.”</td>
</tr>
<tr>
<td>S12 Solutions provides a wider pool of available doctors</td>
<td>3</td>
<td>“Greater pool of doctors, creating better choice and 'fit' for the individual rather than convenience. People are not using 'preferred' doctors as much.”</td>
</tr>
<tr>
<td><strong>Challenges</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not all the doctors update their availability</td>
<td>4</td>
<td>“I feel that it would work a lot better should the doctors actually update their availability.”</td>
</tr>
<tr>
<td>Not all doctors use the app</td>
<td>3</td>
<td>“Some doctors aren’t registered on the app.”</td>
</tr>
</tbody>
</table>

The results presented in Figure 14, Figure 15, Figure 16 and Figure 17 indicate that S12 Solutions has not significantly impacted on the time it takes for the Southampton AMHP Team to organise assessing teams for MHA assessments. This finding was verified by Sam Culling, Interim AMHP Team Lead for the Southampton AMHP Service. Sam highlighted that finding doctors had not been a pressing issue for the Southampton AMHP Team prior to the introduction of S12 Solutions:

> “Before S12 Solutions was introduced we had a number of s.12 doctors that we could rely on; three or four doctors who would come out for an assessment at any time of day or night, so finding doctors did not necessarily cause us delays. We have always tended to find that delays have been caused by issues outside of our control such as the availability of beds and ambulances or having to wait for doctors with previous acquaintance to become available. Nonetheless, one of our trusted s.12 doctors retired in July 2019, so having access to more s.12 doctors is definitely useful.”

Despite not having an impact on the time taken to assemble the assessing team, the feedback provided by the Southampton AMHPs and their Team Leader has highlighted that the platform has still been of benefit. It has increased the AMHPs’ network of s.12 doctors, improving their choice for assessing teams and helping them to find doctors who are the best ‘fit’ for the patient. Furthermore, Sam Culling’s comment suggests that the system they previously relied on was particularly vulnerable to doctors leaving or changing their availability.
6.9 Impact on AMHP Morale within the Southampton AMHP Team

The AMHPs were asked: ‘How do you feel the current approach for finding and contacting doctors for Mental Health Act assessments impacts on staff morale?’.

Seven out of seven AMHPs responded to this question. The results shown in Figure 18 indicate that prior to the introduction of S12 Solutions the majority of the AMHPs either felt that the method used to search for and contact doctors had no impact either way on their morale, or that it had a negative impact.

Following the introduction of S12 Solutions all seven AMHPs felt that S12 Solutions either had a positive impact or no impact either way on their morale.

![Figure 18: Graph showing Southampton AMHP Team responses to the question: How do you feel the current approach for finding and contacting doctors for Mental Health Act assessments impacts on staff morale?](image-url)
6.10 Integration into the Southampton AMHP Team’s current working practice

To gauge the AMHPs’ response to the implementation of the S12 Solutions platform three questions were included in Section D of the follow up questionnaire that were adapted from the NoMAD questionnaire (as described in Section 6.5). Each question is scored out of 10, with 10 indicating ‘completely’, five indicating ‘somewhat’ and zero indicating ‘not at all’.

The table below summarises the average scores assigned by the AMHPs. The results are broken down by the number of years that the AMHPs have worked for the Southampton AMHP Team.

<table>
<thead>
<tr>
<th>Years of experience of Section 12 work</th>
<th>When you use the S12 Solutions platform how familiar does it feel?</th>
<th>Do you feel the S12 Solutions platform is currently a normal part of your working practice?</th>
<th>Do you feel the S12 Solutions platform will become a normal part of your working practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 10 years</td>
<td>4.2</td>
<td>5.1</td>
<td>6.5</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>3 - 5 years</td>
<td>9.0</td>
<td>9.7</td>
<td>9.9</td>
</tr>
<tr>
<td>Less than 2 years</td>
<td>9.5</td>
<td>9.1</td>
<td>10</td>
</tr>
<tr>
<td>Average score for all 22 respondents</td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

- The results indicate that the AMHPs who have worked for the Southampton AMHP Team for more than 10 years, are the least confident with using the platform. It currently feels unfamiliar and not fully integrated into their normal working practice. They are also less confident that S12 Solutions will become part of their normal working practice in the future (average score of 6.5).
- By contrast the respondents who have worked for the Southampton AMHP Team for under 5 years assigned nines or tens for the majority of their responses, indicating that they are confident using the platform and feel it will become a normal part of their working practice.
- These results indicate that the AMHPs who have worked for the service for 10 years or more may need additional support with the platform to ensure they gain confidence using it.
The AMHPs were also asked ‘What do you think has helped / hindered the use of the S12 Solutions platform in this pathway?’.

All seven AMHPs responded. Their comments highlighted a range of themes relating to the different factors that have helped and hindered S12 Solutions’ integration into their current working practice. Figure 19 presents these themes.

**Figure 19: Factors that the Southampton AMHPs have highlighted as helping/hindering implementation of the S12 Solutions platform in the Southampton pathway**

- **Helped:**
  - “The app is very user friendly.”
  - “Good support from the S12 Solutions team.”
  - Introduced AMHPs to a larger network of s.12 doctors.

- **Hindered:**
  - Delays getting access to the appropriate technology – “The team needed to get new smartphones / access to Chrome to enable them to use the app”.
  - Some doctors are “obstructive to change” – not all the doctors the AMHPs used regularly were initially registered on the app.
  - Doctors not regularly or correctly updating their availability.
6.11 Southampton AMHP Team’s Feedback on the S12 Solutions Platform

Out of the 7 Southampton AMHPs that took part in the follow up questionnaire:

- **6 out of 7 (86%)** agreed or strongly agreed that they would continue to support the use of S12 Solutions.
- **5 out of 7 (71%)** value the effect that S12 Solutions has had on their work.
- **7 out of 7 (100%)** agreed or strongly agreed that S12 Solutions has given them access to doctors they did not previously work with.
- **4 out of 7 (57%)** agreed or strongly agreed that S12 Solutions has improved the Mental Health Act assessment setup process.
- **5 out of 7 (71%)** agreed or strongly agreed that they would recommend S12 Solutions to others.

The final question of the follow up questionnaire asked the AMHPs if they wanted to ‘share any other comments about the S12 Solutions platform and/or pilot’.

Two out of seven Southampton AMHPs provided feedback; their comments are shown in Figure 20.

- "I have found it very useful and helpful in identifying available doctors, it has introduced the team to some doctors in our locality who we were unaware of and it is especially helpful for finding doctors for out of area assessments."
- "I welcome innovations and despite some minor problems I do not have difficulties with the app."

*Figure 20: Detailed feedback on the S12 Solutions platform provided by two of the Southampton AMHPs*
6.12 Feedback on S12 Solutions from the AMHP Team Leads

Once the follow up questionnaire was closed the AMHP Team Leads were asked if they had any further comments to add regarding the impact of S12 Solutions on their service. Their comments are included below.

Figure 21.

Sam Culling (Interim AMHP Team Manager for the Southampton AMHP Service):

“S12 Solutions has made things easier for the Southampton AMHP Team. We appear to have access to a much larger pool of doctors who are more willing to be involved in s.12 work. It has given us access to more specialist doctors as and when we need them. For instance, in the last few months I have personally found it particularly useful for finding doctors who specialise in Learning Disabilities.”

Amanda Jordan (Integrated complex Care/AMHP Service Manager, Adults’ Health and Social Care, Hampshire):

“The feedback from our AMHPs and the AMHP Managers has been excellent. The app has been brilliant in finding doctors that were previously unknown, leading to a considerable expansion of doctors available to be called upon. The app has identified some excellent doctors and it has saved a great deal of time for the AMHPs sourcing doctors. This is a positive for a service that is managing increasing demand with limited resources, so time is an essential resource. The AMHPs also receive more positive feedback from doctors who feel they are happier with the payment structure – happy doctor – happy AMHP! The claim feature is excellent, it means that AMHPs do not need to carry around paper claim forms and fill them in by hand. It reduces some of the AMHP anxiety and preparation. There is still room for improvement, particularly with the take up of the app by CAMHS doctors, and community consultants who may need to attend assessments if they have previous acquaintance with a patient.”

Bev Hull (former Service Manager for the Hampshire AMHP Service). Bev was managing the Hampshire AMHP service at the time the S12 Solutions pilot launched; she left in March 2020 to manage the Isle of Wight AMHP service:

“I think the introduction of the S12 app in Hampshire has been innovative. It was initially approached with caution by the AMHPs, but once used, it proved to be the best implementation for some years. It has helped to identify doctors within their specialisms and enabled the AMHPs to coordinate the assessment with minimal delay. I know the Hampshire AMHPs have now embedded the use of the app into their everyday practice. The positive results experienced in Hampshire supported my decision, when taking over the management of the AMHP service on the Isle of Wight, to implement it on the Island.”
6.13 Limitations

- The sample size of Hampshire Community AMHPs for the follow up questionnaire is relatively small (9 out of 34; 26% response rate), compared to the sample size for the AMHPs who work within the Hampshire AMHP Hub (13 out of 18; 72% response rate). Therefore, the results presented by the Hampshire AMHP Service may be biased towards the perspectives of the Hub AMHPs.

- The total number of Southampton AMHPs is relatively small (12 qualified AMHPs and 3 trainees): therefore, a sample size of 47% is not unreasonable (7 out of 15). Nonetheless a larger sample size for the Southampton AMHP team may have increased analysis potential.
7. Impact of the S12 Solutions Platform on s.12 Doctors

7.1 Evaluation Approach

Data for this section of the evaluation was collected by questionnaire. A pre-post intervention approach was used, whereby the impact of the intervention is measured against a baseline; see Figure 22 below:

The baseline questionnaire, consisting of 18 questions, was set up through SurveyMonkey and circulated to the local s.12 doctor lists on 13 September 2019 prior to the launch of the S12 Solutions platform in Southampton and Hampshire. Additional paper copies of the survey were handed out to doctors attending the S12 Solutions training sessions. The survey remained live throughout October 2019, to allow for doctors attending the training to complete the questionnaire prior to using the platform.

The 18 questions used at baseline were then repeated in the follow up questionnaire (Sections A, B and C), to enable comparison of before and after S12 Solutions was introduced. The follow up questionnaire also included two additional sections (Sections D and E), with a total of 10 further questions, which focused specifically on the doctor’s feedback on the S12 Solutions platform.

The follow up questionnaire was circulated on 9 June 2020; it was sent directly to the doctors registered on the S12 Solutions platform by S12 Solutions Ltd. The questionnaire remained live until the end of June 2020, to try and encourage as many respondents as possible.

The questionnaires were completed on a voluntary basis. Names were requested simply to identify and match responses for any doctors who completed both the baseline and follow up questionnaires. The identities of the respondents are confidential, and all the data is therefore presented anonymously. Consent was sought from all respondents completing the survey and those who declined to share their responses were removed from the analysis.

The baseline and follow up questionnaires took approximately six minutes and 12 minutes to complete, respectively.

Several questions used in the questionnaire were not included in the final analysis due to the impact COVID-19 had on the responses. Several doctors commented that COVID-19 had temporarily changed their working routine due to shielding or caring for family members, therefore any data collected in relation to participation in assessments was ruled out.
### 7.2 Questionnaire Response Rate

Out of 116 potential local s.12 doctors, 31 completed the baseline questionnaire and 27 completed the follow up questionnaire. Nine of the doctors who completed the questionnaire at baseline went on to complete the follow up questionnaire. The remaining respondents are different s.12 doctors.

The following table shows a breakdown of the respondents by the organisation they work for and by the number of years of experience they have with s.12 work:

<table>
<thead>
<tr>
<th>Number of doctors who responded</th>
<th>Baseline Questionnaire</th>
<th>Follow-up Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisations the responding doctors work for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southern Health Foundation Trust</td>
<td>65%</td>
<td>Southern Health Foundation Trust</td>
</tr>
<tr>
<td>Independent s.12 doctors</td>
<td>13%</td>
<td>Independent s.12 doctors</td>
</tr>
<tr>
<td>Solent NHS Foundation Trust</td>
<td>6%</td>
<td>Sussex Partnership NHS Foundation Trust</td>
</tr>
<tr>
<td>Other, e.g: Sussex Partnership NHS Foundation Trust, Surrey and Borders Partnership Foundation NHS Trust; Hampshire CAMHS; Fareham and Gosport CCG and the Isle of Wight NHS Foundation Trust.</td>
<td>16%</td>
<td></td>
</tr>
</tbody>
</table>

% of respondents by the number of years they have been involved in s.12 work

<table>
<thead>
<tr>
<th></th>
<th>Baseline Questionnaire</th>
<th>Follow-up Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 or more years’ experience</td>
<td>61%</td>
<td>41%</td>
</tr>
<tr>
<td>5-9 years’ experience</td>
<td>10%</td>
<td>26%</td>
</tr>
<tr>
<td>1-4 years’ experience</td>
<td>26%</td>
<td>19%</td>
</tr>
<tr>
<td>Less than a years’ experience</td>
<td>3%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Most of the respondents for both questionnaires work for Southern Health Foundation Trust, and for both questionnaires a high proportion of the responding doctors had over 10 years of experience in s.12 work. 13% and 11% of the responding doctors who took part in the baseline and follow up questionnaires respectively are independent s.12 doctors.

The following sections present findings from the baseline and follow up questionnaires.
7.3 Impact on the MHA assessment setup process for s.12 doctors

In the baseline and follow up questionnaire the doctors were asked ‘**Typically, what proportion of the Mental Health Act assessment requests that you receive are you able to attend?**’.

All the responding doctors completed this question (31 at baseline, 27 at follow up).

Figure 23 demonstrates that since the introduction of S12 Solutions doctors report that they are able to participate in a greater proportion of the assessments that they are invited to attend. This indicates they are receiving fewer requests for assessments at times when they are unavailable.

Prior to S12 Solutions being introduced doctors reported that on average they were able to attend 49% of the MHA assessments they were invited to.

Since S12 Solutions has been introduced doctors reported that on average they were able to attend 70% of the MHA assessments they were invited to.

Figure 23: Proportion of Mental Health Act assessment requests received by s.12 doctors that they are able to attend before and after the introduction of S12 Solutions

93% (25 out of 27) of the doctors responding to the follow up questionnaire somewhat agreed, agreed or strongly agreed with the statement ‘**since the introduction of S12 Solutions I only receive Mental Health Act assessment requests at times that I have stated that I am available**’.
In both the baseline and follow up questionnaires the doctors were asked about the ‘impact that the MHA assessment setup process had on their willingness to engage with s.12 work’.

Figure 24 shows that the introduction of S12 Solutions has had a positive impact on doctors’ willingness to engage with s.12 work. Fewer doctors see the setup process as a deterrent and more see it as having a positive impact.

<table>
<thead>
<tr>
<th>How does the process used for assembling the MHA assessing teams impact on s.12 doctors’ willingness to engage with Section 12 work?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>It has a strongly negative impact</strong></td>
</tr>
<tr>
<td><strong>It has some negative impact</strong></td>
</tr>
<tr>
<td><strong>It has no impact either way</strong></td>
</tr>
<tr>
<td><strong>It has some positive impact</strong></td>
</tr>
<tr>
<td><strong>It has a strongly positive impact</strong></td>
</tr>
<tr>
<td>% of respondents</td>
</tr>
<tr>
<td>% of respondents</td>
</tr>
<tr>
<td>Pre S12 Solutions: AMHP sets up the assessing team by calling round a list of s.12 doctors</td>
</tr>
<tr>
<td>Post S12 Solutions: assessing team is set up via the S12 Solutions Platform</td>
</tr>
</tbody>
</table>

- All the responding doctors completed this question (31 at baseline, 27 at follow up).
- Prior to S12 Solutions being introduced, 23% (7 out of the 31 respondents) felt that the process of AMHPs calling round different doctors from their lists had a negative impact on doctors’ willingness to engage in s.12 work.
- 52% (16 out of 31 respondents) felt it had no impact either way; while 26% of respondents (8 out of 31) felt it had a positive impact; with one respondent suggesting that liaising with doctors to agree the assessment time and to consider travel distance was beneficial.
- Following the introduction of S12 Solutions, 59% (16 out of 27 respondents) felt that arranging assessments via S12 Solutions had a positive impact on doctors’ willingness to be involved in s.12 work.
- 37% of respondents (10 out of 27) felt it had no impact either way on their willingness to be involved, and 4% (1 respondent out of 27) felt it had a negative impact, indicating that they had received fewer assessment requests since S12 Solutions had launched.
7.4 Impact of S12 Solutions on s.12 doctors’ perception of the claim form payment process

In both the baseline and follow up questionnaires the s.12 doctors were asked in the context of timeframes, ‘how satisfied they were with the claim form payment process’.

Figure 25 shows that following the introduction of S12 Solutions the proportion of doctors who were ‘very satisfied’ with the payment process increased from 10% to 33% of respondents.

30 doctors answered this question at baseline and 24 answered it at follow up. Three of the doctors completing the follow up questionnaire had not yet received payment for their s.12 work, as at the time of answering they had only recently completed their first assessments through the S12 Solutions platform, therefore they were unable to answer this question.

Overall, 67% (16 out of 24) of the doctors participating in the follow up questionnaire were either satisfied or very satisfied by the claim form payment process following the introduction of S12 Solutions compared to 43% prior to S12 Solutions’ introduction.

This result is promising given that the COVID-19 outbreak was impacting on payment form processing timeframes around the time that the questionnaire was completed. Several doctors added comments to this effect. For example, one doctor who had answered as ‘neither satisfied nor dissatisfied with the payment process’ commented: “The payments had been coming in regularly, I can however appreciate the delays due to the COVID-19 pandemic. I do believe things should improve again in the coming months.”
7.5 Integration into the doctors’ current working practice

To gauge the s.12 doctors’ response to the implementation of the S12 Solutions platform, three questions were included in Section D of the follow up questionnaire that were adapted from the NoMAD questionnaire. Each question is scored out of 10; with 10 indicating ‘completely’, five indicating ‘somewhat’ and zero indicating ‘not at all’.

The table below summarises the average scores assigned by the doctors. The results are broken down by the doctors’ years of experience carrying out Section 12 work.

<table>
<thead>
<tr>
<th>Years of experience of Section 12 work</th>
<th>When you use the S12 Solutions platform how familiar does it feel?</th>
<th>Do you feel the S12 Solutions platform is currently a normal part of your working practice?</th>
<th>Do you feel the S12 Solutions platform will become a normal part of your working practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 or more years</td>
<td>4.6</td>
<td>4.3</td>
<td>7.1</td>
</tr>
<tr>
<td>5-9 years</td>
<td>7.4</td>
<td>7.1</td>
<td>7.6</td>
</tr>
<tr>
<td>1-4 years</td>
<td>6.6</td>
<td>4.6</td>
<td>7.0</td>
</tr>
<tr>
<td>Less than a year</td>
<td>4.5</td>
<td>5.5</td>
<td>6.5</td>
</tr>
<tr>
<td>Average for all 27 respondents</td>
<td><strong>5.7</strong></td>
<td><strong>5.3</strong></td>
<td><strong>7.1</strong></td>
</tr>
</tbody>
</table>

- The results indicate that the doctors are not as confident with the platform as they could be, particularly the doctors with less than a year of experience and the doctors who have been working in the field for over 10 years. Both these groups appear to feel that the platform is still quite unfamiliar.
- The doctors with 5-9 years’ experience were the most confident group in terms of feeling that S12 Solutions has already become part of their normal working practice. The other three groupings may need more time or additional support to gain confidence with the platform.
The doctors were also asked ‘What do you think has helped / hindered the use of the S12 Solutions platform in this pathway?’.

23 doctors responded. Their comments highlighted a range of themes relating to the different factors that have helped and hindered S12 Solutions’ integration into current working practice. Figure 26 presents these themes below.

**Helped:**
- “User friendly app”
- Convenient – “A good solution for doctors to share their availability”
- Facilitates communication when working in new areas or with unfamiliar AMHPs
- More efficient - “Makes whole process simpler and faster”
- No need for paper forms
- Good support from the S12 Solutions team
- Hands on tuition from the S12 Champions

**Hindered:**
- Familiarity – “I need to get used to it”
- Cultural change
- “Some doctors are worried they will be monitored”
- Claim form submission requiring access to the internet (see Figure 33, Section 10.8)
- AMHP engagement – “Not all the AMHPs use the app (although this is improving)”
- "Some AMHPs aren’t familiar with how they should be using the app"
- Geographical coverage – “AMHPs outside Hampshire not being able to use it for Hampshire patients”

*Figure 26: Factors that the s.12 doctors have highlighted as helping/hindering the use of the S12 Solutions platform in this pathway*
7.6 Section 12 Doctors’ Feedback on the S12 Solutions Platform

Out of the 27 s.12 doctors that took part in the follow up questionnaire:

- 23 out of the 27 (85%) agreed or strongly agreed that they would continue to support the use of the S12 Solutions platform for coordinating Mental Health Act assessments.
- 22 out of the 27 (81%) agreed or strongly agreed that they would recommend the S12 Solutions platform to others.

The doctors were asked ‘from your perspective, what impact has the S12 Solutions platform had on your experience of the Mental Health Act assessment setup process?’

All 27 doctors provided responses to this question. Five doctors stated that S12 Solutions had ‘no impact’ on the assessment setup process from their perspective. Two of the doctors’ comments related to the delays they had experienced in the claim form payment process (as this feedback does not directly relate to assessment setup it is explored in more detail later in this section).

Three doctors provided particularly detailed feedback which is shown in Figure 27:

“I absolutely love the app. It’s made my life and record keeping easier. I hope we will continue using it for the future and expand it to cover more areas. I find it easy and straightforward; I like being able to plan my time with the visual booking system on the app. I find it much easier to submit and trace my claims.”

“I think it is the way forward. It is a good platform in terms of getting the administrative things sorted. It seems easier especially for the AMHPs who arrange the assessments and it makes it easier to apply for the payments. I only do assessments as per my availability on the on-call rota. If I were to want to do extra assessments, I feel the app allows that to happen with ease. I have positive views regarding the app and recognise that I may not be using it to its full potential.”

“The app is excellent. It allows us to provide availability for assessments, which is helpful for someone like me who only does a few assessments per month. It is easy to use. The claim forms are all done via the app which is incredibly easy and helpful too. I cannot speak highly enough of the S12 Solutions platform.”

Figure 27: Detailed feedback provided by three of the doctors on the impact of the S12 Solutions platform on the Mental Health Act Assessment setup process
The remaining 17 responses were reviewed and grouped into themes. The following table shows the four key themes identified alongside examples of the doctors’ comments:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of respondents who mentioned this theme</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Makes the setup process easier and more streamlined        | 10                                            | "A lot easier."
|                                                            |                                               | "Makes it easier and simpler."
|                                                            |                                               | "Slightly easier setup."
|                                                            |                                               | "Very much easier, works well."
|                                                            |                                               | "Easier."
|                                                            |                                               | "Helpful."
|                                                            |                                               | "Really great, much more seamless, easier to get payment."
|                                                            |                                               | "Simplified and sped up processes."
|                                                            |                                               | "It is more streamlined. The claim process is easier."
|                                                            |                                               | "Removed the need for paperwork and unnecessary phone calls."
| Greater flexibility/control                                 | 2                                             | "I am able to limit requests to when I want to do assessments."
|                                                            |                                               | "Flexibility in planning MHA assessments."
| Clearer information                                         | 3                                             | "Clear details."
|                                                            |                                               | "It's all nicely organised."
|                                                            |                                               | "It feels quite smooth and clear; once agreed the information on place and timing is readily available on the app and helps find the address and contacts for the AMHP in case of delays or changes."
| Fewer requests to attend assessments                        | 2                                             | "I do less assessments. I view this as progress, because I guess AMHPs only ask me when they can't get someone else. The fact I get less calls suggests that they are having more success with other section 12 doctors who may be looking for the work."
|                                                            |                                               | “From my perspective, overall negative impact on my work through reduced number of assessments.”

- Interestingly two doctors with distinctly different perspectives commented on the fact they receive fewer assessment requests following the introduction of S12 Solutions. One saw this as a positive sign of progress, the other independent s.12 doctor saw it as a loss of work. When considering the feedback provided by the AMHP teams, it would seem that this is a positive outcome for the person being assessed as AMHPs reported that they are able to find more doctors with the right specialisms for the patient, rather than relying on the same doctors simply because they are willing to attend.
The doctors were also asked ‘from your perspective, what impact has the S12 Solutions platform had on your experience of the Mental Health Act claim form process?’.

All 27 doctors who participated in the questionnaire commented in response to this question. Twenty of the doctors (74% of respondents) felt that the platform had a notably positive impact on the claim form process; Figure 28 presents their comments.

“A smoother process, less cumbersome.”

“Made it easier. I tend to accumulate paper invoices for a few months. This app has eliminated the need for this.”

“Much better” “Efficient” “Better” “Easier” “Excellent”

“I am more willing to do assessments due to quicker payment time.”

“I think convenience of one place to keep list of assessments.”

“Quicker and more convenient.”

“Very positive.” “It is seamless, so easy.”

“Significantly improved it.”

“Much faster than before when it would often take months to get paid for assessments.”

“It will make the process easier; I just need to get used to using it.”

“Much easier, works well.” “Slightly easier.” “Hugely positive.”

“It has been much easier to submit claims and get paid, without having to find a scanner etc. I have also not lost any claims since it’s mainly on the app (I have misplaced a few paper claims in the past).”

“It has been made easier to track progress.”

Figure 28: Qualitative feedback: what impact has the S12 Solutions platform had on s.12 doctors’ experience of the Mental Health Act payment process

• In addition to the 20 comments above, three doctors stated that they ‘had not yet been paid’ as they had only recently completed assessments.

• Another three doctors stated that they had had a ‘bad experience’ due to delays; these comments correspond to the three doctors in Figure 25, Section 7.4 who were dissatisfied or very dissatisfied by the payment process since S12 Solutions has been introduced. Figure 33 in Section 10.8, provides further information on the potential cause of these delays.

• One doctor felt they had lost valuable time chasing AMHPs who had either forgotten to create the claim after leaving a hospital with poor Wi-Fi connectivity; or had not been informed that the claim had been rejected by the CCG and therefore required further information for resubmission. They also noted that that they had been booked and not paid for cancelled assessments which they previously would have been paid for.
7.7 Limitations

- The sample size for s.12 doctors is relatively small compared to the overall number of s.12 doctors registered on the platform for Hampshire and Southampton (116 doctors).

- The COVID-19 pandemic is likely to have impacted on some s.12 doctors’ experience of the S12 Solutions platform, particularly regarding the claim form payment process. COVID-19 impacted on the NHS Southampton City CCG finance team’s capacity and workload, therefore some doctors experienced payment delays at the peak of the pandemic.
8. Feedback on S12 Solutions Support Service

Both doctor and AMHP teams were asked in the follow up questionnaires if they would like to ‘share any thoughts about the service provided by the S12 Solutions platform team - e.g. your experience of calling or emailing for support’.

19 out of 29 AMHPs (four from Southampton and 15 from Hampshire) and 23 out of 27 doctors responded to this question. Seven doctors and one AMHP stated that they had not needed to contact the support team, whereas the remaining 35 respondents who had contacted S12 Solutions for support provided overwhelmingly positive feedback. The S12 support team were consistently described as ‘responsive’, ‘helpful’, ‘friendly’, and ‘excellent’. Figure 29 below provides a few examples of the comments made by each group.

**Feedback from the s.12 doctors:**

"Very proactive and supportive team."

"Excellent and timely support, always available and very helpful!"

"Very friendly and helpful. " "Outstanding!"

"I have had a couple of catch up calls from the support team. I think they've shown dedication to the cause."

"They were very prompt in replying and sorting out my account."

"They have been very helpful and readily available. They have been sending information in a timely manner."

"Very helpful, prompt and informative replies."

**Feedback from the Hampshire AMHP Team:**

"Very helpful and accessible. “ “Excellent.” “Really helpful and polite!"

“They have been really very helpful throughout, easy to contact and very supportive.”

“Their support has been great, they have responded quickly when I have had a difficulty and have talked the problem through with me. Very good service.”

“I have been very impressed with the service and the support if things go wrong. Very helpful.”

“Very helpful and friendly staff who give a timely response.”

“Always very helpful when I have called and patient with a not very tech-savvy person!”

**Feedback from the Southampton AMHP Team:**

“Excellent level of support provided. Although has been a bit ‘pushy’ at times which has alienated a few AMHPs.”

“On average the support I have had has been good.”

“Support has been excellent.”

*Figure 29: Feedback from the AMHP Teams and the s.12 doctors on the service provided by the S12 Solutions platform team*
9. Possible Areas for Improvement within the S12 Solutions Platform

The follow up questionnaires offered numerous opportunities for the AMHPs and doctors to provide qualitative feedback on the S12 Solutions platform, and therefore many respondents highlighted areas that they feel could be improved or further developed.

The comments and suggestions relating to improvements were collated from across all the questionnaire responses, and themes were identified. All feedback relating to potential improvements was shared with S12 Solutions Ltd, and the company were given the opportunity to respond.

Key themes that were flagged by several respondents are included in the two tables below, alongside the response provided by S12 Solutions Ltd. The first table presents improvements suggested by s.12 doctors:

<table>
<thead>
<tr>
<th>Improvements Suggested by s.12 Doctors</th>
<th>Response from S.12 Solutions</th>
</tr>
</thead>
</table>
| Review how doctors’ availability is presented in the calendars. There were concerns raised that if doctors are listed as ‘unavailable’ during assessments this could discourage AMHPs from making contact. | “We do not mark a doctor as unavailable when they’re in an assessment.

If a doctor is in an assessment for some of the time an AMHP is searching, the doctor is presented in the search results as having ‘partial availability’. If a doctor is in an assessment for the entirety of the availability window the AMHP is searching with, the doctor is returned in the search results as ‘Booked’, along with the first half of the current assessment location’s postcode.

When we train the AMHPs we explain that ‘partial availability’ or doctors marked as ‘Booked’ are indicators to look at the doctor’s diary to see if they may still be able to attend an assessment. We present the first half of the postcode of the assessing location, precisely because if the doctor is in the right vicinity at the same sort of time, they may be a good person to contact. So, the intention is really the opposite of what this doctor describes. Furthermore, this functionality was added based on requests from AMHPs.

It is down to the AMHP to review the doctor’s information and location and decide whether they are a good option to call.” |

| Invoice Numbers Generated | “Could we have clear invoice/remittance advice numbers generated as it’s a bit of a guess work when the invoice comes through who it refers to. Could remittance advice be sent via email or on the app?” | “The Claim ID is unique and would help a doctor to know which assessment a payment refers to. Remittance cannot be sent via the app as the payment process is completely independent of the S12 Solutions platform.” |
Improvements Suggested by s.12 Doctors | Response from S.12 Solutions
--- | ---
Ensure payments are only marked as complete when they have been paid. | “The claim form processor will mark a claim as ‘Paid’ at the point it has been confirmed for payment and sent to the CSU. However, the payment may then take a few days to clear (sometimes 5 days), so it is not possible to be precise. ‘Paid’ is an indication that the claim has been approved and payment is imminent.”

Update the AMHPs if any of the claim forms they initiated are unsuccessful so they can provide the necessary additional information and resubmit the claim. | “Currently there are no plans to send rejected claims back to the AMHPs. It is very rare that claims are consistently rejected. S12 Solutions are in the process of putting further steps in place to prevent rejectable forms from being submitted.”

In case of connectivity issues, send reminders to the AMHP following an assessment until they submit the doctor’s claim form. | “This will be addressed when S12 Solutions implement push notifications” (see Section 12 for future planned developments for the S12 Solutions platform).

Provide a means for doctors to collate the assessments they have attended in the order of their processing following submission of the claim. | “This information has been fed back to the development team” (see section 12 for future planned developments for the S12 Solutions platform).

The second table below highlights the key themes for improvement identified by the AMHP teams:

<table>
<thead>
<tr>
<th>Improvements Suggested by the Hampshire and Southampton AMHPs</th>
<th>Response from S.12 Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the speed and reliability of the app</td>
<td>“The app can often be very slow and needs to be reloaded frequently whilst trying to search for doctors for an assessment.” “We are currently working on improving this and the outcome should be rolled out by the end of September.”</td>
</tr>
<tr>
<td>Clunky process for making calls from the app</td>
<td>“It takes us out of the app into the telephone system of the phone, this then means having to go back in and through the login and find the assessment process once more.” “This will be looked into by the development team.”</td>
</tr>
<tr>
<td>Improvements Suggested by the Hampshire and Southampton AMHPs</td>
<td>Response from S.12 Solutions</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
| **Limited detail on specialisms for doctors / doctors select too many specialisms**  
“Some doctors record their specialities as pretty much all categories which makes it difficult to know if we have booked someone with a current speciality in that area.” | “In training, the suggested rule of thumb is that doctors only select specialisms for which they would feel comfortable being the first doctor. There is no way of grading their level of expertise – it is purely self-declared.” |
| **Could the app support further with finding doctors with previous acquaintance?**  
“S12 Solutions has certainly made it easier, but not always for doctors with previous acquaintance.” | “The app was not intended to be a case management system and we don’t want to duplicate systems which already exist. We plan to provide additional ‘previous assessment’ searching features for AMHPs and doctors to review their assessment history. Doctors and AMHPs can then use their own case management systems to ensure that the previous assessment relates to the same person, but this feature has not yet been developed.” |
| **Improve search function for doctors and addresses**  
“An intelligent free text search box for medics and addresses that is not grammar and case sensitive etc would be really helpful.” | “This is on the radar for the development team but as we use a third-party provider for the address look-up function (and the guidelines we follow to select this provider are very strict!) this will take a while to review.” |
| **GP details**  
“Some GP surgeries are known by multiple names and it takes time to find which name is the one on the app.” | “We are looking for a way to make this easier, but the app links into mini-Spine so the practices have to match.” |
| **Doctors not putting their accurate availability**  
“Doctors not putting accurate availability has hindered things.” | “Our support team does call doctors to encourage them to update their availability. We also offer the option to the doctors that the support team can add availability on their behalf.  
There are other features we are working on now such as push notifications, which should encourage doctors to maintain this information more accurately.” |
| **Ask for GP details at the start**  
“Ask for GP address and details at beginning of assessment not at end when it gets busier.” | “Technically this is already possible, there is nothing to stop the AMHP creating the claim and putting this information in ahead of the assessment, but it’s something that should be discussed within and agreed by the AMHP team as best practice.” |
| **Clearer sign posting to updates**  
“The S12 app appears to be slow sometimes and asks me for an update; however, there does not appear to be an update available!” | “This sometimes happens when the app is downloaded via an apps at work centre. The easiest way to check if the app is up to date is to ask the Support team to clarify the correct version number.” |
10. Impact of the S12 Solutions Platform on Claim Form Processing and Payment of s.12 doctors

Independent s.12 doctors (who are not employed by an NHS trust) and s.12 approved doctors taking part in MHA assessments outside of their contracted trust hours are entitled to payment for their participation in MHA assessments under the NHS Act 2006 (Section 236). Locally doctors are paid £190 per assessment* for the examination and accompanying report, in addition to any expenses reasonably incurred in doing the work (i.e. travel costs, mileage and parking). Claim forms for s.12 doctors assessing patients in Southampton and Hampshire are submitted to the NHS Southampton City CCG finance team. *Different areas may pay varying amounts.

10.1 Evaluation Approach

- Data for the following sections was provided by the NHS Southampton City CCG finance team.
- The data used covers the period October 2018 to September 2019 prior to the introduction of S12 Solutions and then October 2019 to April 2020 for comparison.

10.2 Process Overview

Prior to the introduction of S12 Solutions a solely paper-based process was followed. S12 Solutions automates this process.

- The paper-based claim form process:
  - The AMHP provides the doctor with a paper payment claim form at the end of each assessment.
  - The form takes five minutes to complete and both the AMHP and the doctor sign the form.
  - The doctor keeps hold of the form and then sends it via post to the NHS Southampton City CCG finance team or scans and sends it via e-mail, along with evidence for any additional expenses accrued.

- The S12 Solutions claim form process:
  - The claim form is completed within the platform and local doctors report that it takes less than one minute to complete.
  - AMHPs input information based on NHS England’s ‘Who Pays Guidance’; the app then identifies the accountable CCG for paying the claim.
  - Doctors then input their mileage and other expenses (if required).
  - Once the form is complete the doctor submits it electronically: this is the equivalent of a wet ink signature. The form is submitted directly to NHS Southampton City CCG finance team for review.
  - Evidence to support any additional expenses accrued is then e-mailed through by the doctor separately.
10.3 Contextual Data

- Between October 2018 and April 2020 NHS Southampton City CCG finance team have processed over 10,000 s.12 doctor payment claim forms.

- On average the team processes 140 claim forms per week.

- Between 1st October 2019 (when S12 Solutions launched locally) and 30th April 2020 the finance team processed a total of 3,964 doctor payment claim forms, of which 18% (714) were via the S12 Solutions platform and 82% (3,250) were paper based. The continued submission of paper forms is due to a number of factors:

  - In addition to Hampshire and Southampton, the finance team processes the claim forms for Portsmouth and the Isle of Wight; neither of these localities had adopted S12 Solutions during the evaluation period (117 and 467 claim forms were processed for each locality respectively between 1st October 2019 and 30th April 2020).

  - If the assessment takes place ‘out of area’ in a location that does not use the platform, then a paper claim form is required (121 claim forms were processed for out of area assessments between 1st October 2019 and 30th April 2020).

  - Adoption of the platform was not immediate across Hampshire and Southampton; use of the platform for claim form submission has gradually increased for both localities between October 2019 and April 2020. However, 60% of the claim forms submitted by the Hampshire CCGs were still paper based in April 2020, while 21% of Southampton’s claim forms were paper based.

  - Several AMHPs have felt uncomfortable about adopting the new system and have opted to continue with the former paper processes.

  - Not all s.12 doctors booked for assessments are using the platform, therefore in these instances paper claim forms will be required.
10.4 Impact on claim form processing within the NHS Southampton City CCG

Figure 30 depicts the impact that S12 Solutions has had on claim form processing at the CCG.

Inputting paper claim forms previously took between 3-4 days a week, including additional activities such as querying evidence for any additional expenses (e.g. parking and travel). Since the introduction of S12 Solutions the finance team have reported that the platform has reduced their ‘inputting’ workload. The time spent processing claim forms is now closer to 3 days a week, as the team still needs to input the remaining paper claim forms.

Due to the paper claim form process continuing to run in parallel to the S12 Solutions process, the system benefits are fewer than if S12 Solutions was implemented in isolation. If all claim forms were submitted via the S12 Solutions platform there would be a potential saving of 10.7 hours per
week in processing time. Furthermore, this would eliminate the need for a second member of staff spending half a day checking that the paper forms have been correctly inputted.

10.5 Impact on how quickly s.12 doctors are paid for MHA assessments

Of the 10,435 paper claim forms paid by the finance team between October 2018 and April 2020 only 7% (768) were paid within 2 weeks of the MHA assessment taking place. By contrast 73% (519 of 714) of the S12 Solutions claim forms paid between October 2019 and April 2020 were paid within a fortnight of the assessment.

Figure 31 shows how long it took to pay the first 35 claim forms of October 2018 (paper process before S12 was introduced), compared to the time taken for the first 35 claims of October 2019 through the S12 Solutions platform. This is the time from the claim form being generated at a MHA assessment to the point the doctor received payment.

![Comparing the number of days to process the first 35 claims in October 2018 (paper process) with the first 35 claims through the S12 Platform in October 2019](image)

*Figure 31: Graph comparing the number of days taken to process the first 35 paper claim forms received by the finance team in October 2018 compared to the time taken to process the first 35 claim forms submitted through S12 Solutions in October 2019*

- The graph shows that the first 35 claims submitted in October 2019 were paid within 10.5 days on average of the MHA assessment taking place.
- By comparison, the first 35 paper forms submitted in October 2018 took an average of 23.0 days from the assessment taking place to the payment being made.
10.6 Impact on the time taken between claim forms being completed by the assessing team at the MHA assessment and the forms being received by the finance team

As previously stated, 10,435 paper claim forms were processed by the finance team between October 2018 and April 2020, of which only 27% (2,812) were received by the team within 2 weeks of the assessment taking place. 45% (4,715) were submitted a month after the assessment and 7% (707) were received by the finance team over a year after the assessment was completed.

Figure 32 provides an indication of claim form payment time frames from pilot launch in October 2019 to April 2020. The graph shows that the time between assessment and claim form payment through the S12 Solutions platform has consistently remained under 2 weeks (average of 12.6 days). The graph also highlights the challenge created when s.12 doctors stockpile their paper claim forms and submit them in large batches (see March 2020).

Figure 32: Graph showing the average number of days between s.12 doctors receiving payment and the MHA assessment taking place for claim form payments made between October 2019 and April 2020 following the introduction of S12 Solutions
10.7 Impact on the number of miles travelled by s.12 doctors for assessments, based on their mileage claims

The average monthly mileage claimed by the s.12 doctors is lower between October 2019 – February 2020 (25.42 miles) following the introduction of S12 Solutions, when compared to October 2018 – February 2019 before S12 Solutions was introduced (31.38 miles).

This suggests that by providing a greater pool of s.12 doctors, S12 Solutions has enabled AMHPs to find doctors who are geographically closer to the assessments they are arranging.

10.8 Causes of payment delays within the S12 Solutions claim form process

Figure 33 outlines the main causes of payment delays within the S12 Solutions claim form process. This information is based on feedback from the CCG finance team and also from comments made by the s.12 doctors completing the follow up questionnaire:

- The platform requires access to the internet to submit the claim form. If the AMHP does not have access to the internet at the time of the assessment, the doctor must rely on the AMHP remembering to submit the form at a later point in time. In some instances, this has caused delays to payments as doctors have needed to chase the AMHPs to remind them (see Section 12.2 for future planned developments for the S12 Solutions platform).

- COVID-19 has impacted on the finance team’s capacity and workload; this caused delays to payment processing at the peak of the pandemic.

- Each doctor joining the S12 Solutions platform for the first time is asked to confirm their bank details prior to their first payment. This forms a key part of the CCG’s auditing process and ensures all payments are made to the correct account. Delays can occur when chasing doctors to provide this confirmation.

- An external company (SBS) is responsible for amending doctor payment details if there are any errors. The CCG is therefore dependent on SBS’s timelines. During COVID-19 the CCG experienced significant delays (sometimes several months) when requesting bank detail amendments, due to SBS operating with a reduced capacity.

- Finally, delays can occur when the doctors forget to submit evidence via e-mail for their additional expenses (e.g. parking claims), and the finance team need to chase them up (see Section 12.2 for future planned developments for the S12 Solutions platform).

Figure 33: This textbox sets out the main causes of delays for s.12 doctors receiving payment for MHA assessments under the S12 Solutions process.
Feedback on S12 Solutions from the NHS Southampton City CCG Finance Team

Figure 34 below outlines the key successes and challenges that the CCG finance team have experienced following the introduction of S12 Solutions.

Successes:

“Significantly quicker processing times - being able to create a spreadsheet with all claims rather than manually processing.”

“Not having to query missing signatures.”

“No problems with having to read handwriting.”

“Previously there was a risk that doctors’ payments could occasionally be duplicated by mistake, which is costly and time consuming to rectify. When claims are submitted through S12 Solutions this risk is avoided.”

“The platform appears to have stopped doctors from stockpiling their claim forms.”

“There have been fewer complaints from s.12 doctors chasing payments.”

Challenges:

“Not receiving evidence from the doctors for travel expenses.” – Having to chase this up.

“Delays to first claim payment caused by checking doctors’ bank details when they first join the platform.”

“Continuing to receive paper claim forms as the old and new processes continue to run in parallel.”

Figure 34: Summarises the feedback on S12 Solutions provided by the NHS Southampton City CCG finance team over the course of the evaluation
11. Impact of the S12 Solutions Platform on Governance Processes

11.1 Evaluation Approach

Information on the governance processes before and after the introduction of S12 Solutions was gathered through conversations with the key system stakeholders. The benefits presented by S12 Solutions in their value proposition, i.e. the ability to improve the specified governance processes, were then checked and verified with the stakeholders to ensure these benefits were being realised locally in Southampton and Hampshire.

11.2 Checking Doctors’ s.12 Status

Prior to the introduction of S12 Solutions neither Southampton nor Hampshire AMHP Teams had a robust way of checking whether the doctors they were contacting for MHA assessments had up to date s.12 approval status. The Southampton team relied on trust, feeling the responsibility lay with the s.12 doctors. The Hampshire AMHP Service, who have administrative support during office hours, would occasionally carry out audits to check doctors’ status; but neither team has the capacity to carry out routine checks.

Figure 35 highlights the impact that the S12 Solutions platform has had on reducing the risk of unlawful detentions by creating a robust process for checking the s.12 approval status of the assessing doctors.

![Figure 35: Impact of the S12 Solutions platform on reducing the risk of unlawful detentions](image)

**No formal process for checking the s.12 status of the assessing doctors:**

**Risk of Unlawful Detention**

- A doctor’s s.12 approval status lasts for 5 years, after which it needs to be revalidated. If their approval lapses or if their approval is suspended, e.g. because their GMC licence has expired or they are under investigation/suspended, and the doctor inadvertently (or deliberately) continues to attend MHA assessments, their medical recommendations could lead to unlawful detentions as they are no longer qualified to assess someone under the MHA.

- This would be distressing for the patient and their family and could also lead to costly negligence claims for the CCG, as well as reputational damage for both the Trust and the doctor.

**S12 Solutions:**

- The S12 Solutions platform can only be accessed by s.12 approved doctors.

- The platform checks the doctor’s approval status each week against the Mental Health Act Register Database, helping to increase compliance and reduce the risk of costly clinical negligence claims.

- S12 Solutions Ltd are notified 90 days before the approval for the doctors on the platform is due to expire and they contact the doctor concerned to notify them. This enables the doctor to seek revalidation.
11.3 Claim Form Processing

Figure 36 highlights the impact that the S12 Solutions platform has had on General Data Protection Regulation (GDPR) compliance within the claim form submission process for Hampshire and Southampton.

**Paper-based claim form submission:**

**Risk of GDPR Breaches**
- Sensitive patient information (name, date of birth and home address) is sent unsecured in the post / via email to NHS Southampton City CCG finance team.
- Although most paper forms are sent directly to the finance team, a few forms are addressed to the CCG; consequently, the forms could pass through numerous touch points before reaching the claim form processor.

**S12 Solutions claim form submission:**

The S12 Solutions platform provides a standardised, GDPR-compliant claim form process:
- In Southampton and Hampshire, the claim forms do not contain sensitive patient information.
- S12 Solutions’ claim forms only show data in line with the ‘data minimisation principle’.
- The claim form is sent directly to the claim form processor.
- Therefore, patient and staff privacy are maintained and the risk of a GDPR breach is eliminated.

**Figure 36: Impact of the S12 Solutions platform on GDPR compliance within the claim form submission process**

Furthermore, S12 Solutions prevents or at least discourages s.12 doctors from stockpiling their claim forms and submitting them in bulk batches. See Figure 37 below for further details.

**Paper-based claim form submission:**

Doctors can stockpile forms over an extended period and submit them in large batches.

**Risk to CCG Budget Plans**

With a cost of £190 per claim form, batch claim form submission can have significant financial repercussions for the CCG preventing them from budgeting effectively.

**S12 Solutions claim form submission:**

S12 Solutions eliminates the need to stockpile forms to post in single batches:
- Doctors have a clear workflow of which forms ‘require action’. The platform shows a red dot where action is required on the claims tab when the doctor logs in to indicate need to visit this section of the platform.
- Forms cannot get mislaid in the way that paper forms can.
- Doctors can move the claim easily without the need of an envelope, stamp, postbox etc.
- Doctors can keep track of their forms.
- Doctors have a vested interest in submitting the claim, so they get paid.

**Figure 37: Impact of the S12 Solutions platform on batch claim form submission**
12. Development of the S12 Solutions Platform

Since S12 Solutions launched in Southampton and Hampshire in October 2019 the platform has continued to develop and evolve in line with the feedback the company received from its users. Below is a list of the most significant changes to the platform since it was introduced:

- Adding overnight availability as one event instead of two events – based on feedback from the Southampton and Hampshire doctors.
- Enabling doctors to input time away as well as availability.
- Added the ability to edit availability and time away entries from the Home screen.
- Added a new availability option called ‘one off’ which made it easier for doctors to add and customise a series of single availability slots for those who have an irregular working pattern.
- AMHPs can now view and edit visit dates and times to ensure information is accurate.
- Additional claims functionality – ability to capture NHS number, indicate whether an assessment took place, billing information, car engine size.
- Doctors can mark themselves as on call and S12 Solutions can add rota arrangements on their behalf.
- Doctors marked as ‘booked’ when they are in an assessment 30 minutes prior to the assessment start time and for 1 hour afterwards; first half of the assessment location postcode is visible to the AMHPs.
- Doctors can view their booked visits inside their availability calendar.
- Doctors can view the claim status with the assessment in their visits tab.
- Doctors can also now see the paying CCG in the visit tab when an AMHP has tried to create the claim and the CCG has not commissioned the app so the app’s process can’t be followed.
- Claims can be marked as ‘paid’ so doctors can see this status in their dashboard.
- Invoice generation for CCGs requiring this format.
- Application Programming Interface introduced, which allows the S12 Solutions platform to automatically check the Department of Health and Social Care’s MHA Register Database. This ensures that doctors whose s.12 approval has lapsed or been suspended are pulled from the S12 Solutions database right away (previously this was completed as a manual ‘check and deletion’ process carried out by S12 Solutions).
- Ability to show when doctors are next available in the search results.

12.1 Developments that have been expedited due to the COVID-19 outbreak (out of scope for the evaluation period):

- Video calling to support remote assessments/pre-and-post assessment conversations while social distancing.
• Statutory MHA form completion within the S12 Solutions platform.

12.2 Planned developments

• A notification feature to actively prompt/remind doctors and AMHPs to submit claim forms (by the end of 2020).

• A feature where doctors can take a photograph of their parking/travel tickets and submit them through the platform alongside their claim form, to reduce the potential for delay (by the end of 2020).

• Developing an Excel file for doctors to download and export their claims so that they can collate assessments in date order (by the end of the 2020 tax year).
13. Efficiency Savings

Efficiency savings evidenced through this evaluation are as follows:

**Reduction in administration time within the s.12 doctor payment process**

On average the NHS Southampton City CCG finance team receive 140 claims per week. It takes the Finance Assistant approximately 4 hours to manually input a batch of 50 paper claim forms, whereas it takes 30 minutes to process all the claim forms submitted through S12 Solutions for the week, regardless of batch size. The large number of paper forms that are still being submitted to the CCG limits the current impact of S12 Solutions, however based on feedback from the finance team, it is clear that:

*If all claim forms were submitted via the S12 Solutions platform it would equate to a time saving of 10.7 hours per week in processing time based on the average number of weekly claim form submissions, equating to 556 hours of time saved per annum.*

S12 Solutions automates the claim form process, eliminating the opportunity for human error, and reducing the need for audit.

*Submitting all claims via the platform would eliminate the need for a second member of staff to spend half a day each week checking that the paper forms have been manually inputted correctly.*

*This would equate to an additional time saving of approximately 3.5 hours per week or 182 hours per annum.*

Once S12 Solutions has developed the platform to allow doctors to submit travel and parking expenses alongside claim form submissions (due end of 2020) this should further reduce the administration time for processing claim forms.

**s.12 doctors receive quicker payment for their s.12 work**

- The first 35 paper forms submitted in October 2018 took an average of 23.0 days from the assessment taking place to the payment being made.
- By comparison the first 35 claims submitted in October 2019 were paid within 10.5 days on average of the MHA assessment taking place.

*Payments are received 10 days earlier on average. Average time between claim form submission via S12 Solutions and doctors receiving payment for the assessment has more than halved, when compared to paper submissions.*
Reduced mileage claims for s.12 doctors

Data provided by the NHS Southampton City CCG finance team indicates that since S12 Solutions was introduced, average monthly mileage claims have reduced.

*The average monthly mileage claimed by doctors was 25.42 miles between October 2019 – February 2020 following the introduction of S12 Solutions, compared to 31.38 miles between October 2018 – February 2019 pre implementation.*

Increased efficiency within the claim form submission process

Electronic submission of claim forms prevents doctors from stockpiling paper claims and submitting them in bulk. Unexpected bulk submissions of paper claims have significant financial implications for the CCG. For instance, if a doctor kept their claims over an extended period and submitted 100 claims in one month, that would equate to an unexpected outgoing of 100 x £190 = £19,000.

*S12 Solutions enables doctors to submit claim forms as soon as assessments have been completed. This helps the CCG to budget more effectively.*

Reduction in assessment team setup time

The evidence presented in Section 6 demonstrates that S12 Solutions can reduce the time spent assembling MHA assessing teams.

*Time releasing: reducing the time it takes to set up the assessment teams allows AMHPs more time to prepare effectively for the MHA assessment.*

Improved governance processes

- s.12 approval status is checked automatically via a link to the Department of Health and Social Care Mental Health Act Register Database.
- Doctors receive a 90-day warning from S12 Solutions to notify them if their s.12 approval is due to expire, allowing them time to revalidate.
- Doctors without current s.12 approval are automatically removed from the platform, reducing the risk of unlawful detentions.

*Reduces the risk of costly negligence claims.*

Other areas of potential efficiency savings that were not specifically explored in the evaluation:
Improving visibility and use of contracted doctors

S12 Solutions can assist the AMHPs in identifying Trust and on-call doctors where appropriate. This can reduce the number of claims submitted by s.12 doctors for assessments that duty doctors could have attended as part of their contract.

Inviting one s12. approved doctor instead of two would save £190 per assessment in Hampshire and Southampton.
14. Lessons Learned from Implementation in Hampshire and Southampton

As part of the evaluation we have been capturing learning from the system over the course of the pilot. A ‘100 Days of S12 Solutions Workshop’ was hosted by Wessex AHSN and Toni King (Consultant Practitioner Trainee, Mental Health Pathway, Health Education England) in February 2020 to understand how implementation was progressing and the steps that were required next.

The event was attended by a representative from each of the key stakeholder groups: AMHPs, s.12 doctors, the finance team, HIOW STP, and S12 Solutions Ltd.

Learning was gathered through the workshop and a slide deck was compiled to provide information to other areas looking to implement S12 Solutions. Figure 38 shows a screenshot of some of the content covered by the slide deck.

Figure 38: Image showing a sample of slides from the ‘lessons learned from implementation’ slide deck.

Please find the slide deck embedded below:
15. Summary of Key Findings

S12 Solutions has provided AMHPs across both Southampton and Hampshire with a larger network of s.12 doctors to call upon. Enabling the AMHPs to identify doctors more easily with appropriate skillsets (specialism, language etc) to best meet the needs of the patients.

- Across the two services the AMHPs previously had access to around 55 s.12 doctors on their paper/telephone-based lists.
- S12 Solutions has provided access to 116 s.12 approved local doctors.
- 28 out of 29 (97%) AMHPs who participated in the follow up questionnaire agreed or strongly agreed that S12 Solutions has given them access to doctors they did not previously work with.

The Hampshire AMHP Service has experienced a reduction in the time it takes to set up assessing teams for MHA assessments, allowing the AMHPs more time to prepare for assessments in line with the MHA code of practice.

- The Hampshire AMHPs reported needing to make fewer calls, texts, and e-mails to identify available doctors for assessments following the introduction of S12 Solutions.
- The Hampshire AMHPs reported they were able to organise assessing teams for urgent community MHA assessments and Section 136 suite assessments sooner following the introduction of S12 Solutions.
- The Southampton AMHP Service already had access to several s.12 doctors who could be relied upon to attend assessments across the city at any time of day or night. Consequently, based on the data explored for the evaluation, the introduction of S12 Solutions had no discernible impact on assessment team setup time for the Southampton AMHP Service.

Out of the 29 AMHPs from across Southampton and Hampshire who completed the follow up questionnaire:

- 21 out of 29 (72%) felt that S12 Solutions had a positive impact on their morale.
- 27 out of 29 (93%) agreed or strongly agreed that they would continue to support the use of S12 Solutions.
- 22 out of 29 (76%) value the effect that S12 Solutions has had on their work.
- 22 out of 29 (76%) agreed or strongly agreed that they would recommend S12 Solutions to others.
The S12 Solutions platform allows doctors to specify their availability and therefore they are receiving fewer requests to attend assessments at times they are unavailable.

- The doctors who took part in the questionnaire found they were able to attend 70% of the MHA assessments they were requested to attend, compared to 49% prior to S12 Solutions.

S12 Solutions has enabled AMHPs to find doctors who are geographically closer to the assessments they are arranging.

- As highlighted in the efficiency savings section, since S12 Solutions was introduced average monthly mileage claims submitted by s.12 doctors have reduced.

S12 Solutions has positively impacted on the s.12 doctor’s experience of the claim form submission process.

- 20 out of the 27 (74%) doctors participating in the follow up questionnaire felt that the platform had made the process ‘easier’, ‘quicker’ and ‘more convenient’.

Out of the 27 s.12 doctors who completed the follow up questionnaire:

- **23 out of the 27** (85%) agreed or strongly agreed that they would continue to support the use of the S12 Solutions platform for coordinating Mental Health Act assessments.
- **22 out of the 27** (81%) agreed or strongly agreed that they would recommend the S12 Solutions platform to others.

S12 Solutions has improved the efficiency of the s.12 doctor payment process.

- More than 3.5 hours of admin time saved for every 50 claim forms processed, as each claim form no longer needs to be manually inputted onto the system.
- Eliminates risk of human error when manually inputting claim forms, therefore reduces the steps required to audit the process.
- Eliminates the risk of duplicate payments.
- Claim form processor no longer has difficulty understanding handwritten forms; nor do they need to query missing signatures.
- Fewer complaints from doctors chasing missing or late payments.
s.12 doctors receive quicker payments for their s.12 work when claim forms are submitted via the S12 Solutions platform.

- Time taken between assessment completion and claim form payment has reduced by just over 10 days.
- Quicker payments have meant doctors are more willing to engage with s.12 work.

S12 Solutions has improved governance processes.

- s.12 approval checked automatically via a link to the Department of Health and Social Care Mental Health Act Register Database.
- Doctors receive a 90-day warning from S12 Solutions to notify them if their s.12 approval is due to expire, allowing them time to revalidate.
- Automated processes ensure patient and staff data is now more secure when submitting claim forms.
- S12 Solutions facilitates claim form submissions, discouraging doctors from stockpiling claims forms and submitting them in large batches which can prevent the CCG from budgeting effectively.

Early access to the technology required to run the platform is essential for implementation success.

- The Southampton AMHP Service experienced delays getting access to the appropriate devices; the AMHPs needed to get new smartphones / access to Chrome to enable them to use the app.
- The Hampshire AMHP Service have been running the platform on their existing work phones, but have had technical issues, because their work phones are older unsupported devices.

Running S12 Solutions in parallel to old paper processes poses challenges. The full benefit of S12 Solutions may not be realised until it is possible for all assessments and claim forms to be processed via the platform.

Further training and support may be required to ensure all stakeholders are confident and familiar with the platform.
16. Conclusions

The data analysed for this report indicates that the S12 Solutions platform provides a valuable tool to facilitate the setup of MHA assessments and also support the claim form payment process.

It offers significant time savings for claim form processors and significantly reduces the opportunity for GDPR breaches. It provides a robust means to confirm s.12 doctors’ approval status, providing reassurance to the AMHPs, s.12 doctors and patients that assessment teams have the required approval status.

Although the platform has some areas where it could be improved, S12 Solutions Ltd have shown themselves to be an engaged and responsive company, who are continuously developing their product to meet the needs of their users. The qualitative feedback provided by the AMHPs and the s.12 doctors demonstrates that S12 Solutions is a valued addition to the pathway.
Appendix

APPENDIX 1: Factors Impacting on the Time Taken to Set Up a Mental Health Act Assessment

Setting up a MHA assessment for a person in crisis can require the AMHPs to coordinate a range of different resources depending on the setting and the individual’s needs:

- If the person in crisis is in hospital, the emergency department, police custody, or being detained within a 136 suite then it can be considered that the person is already within a ‘place of safety’. The AMHP can focus on coordinating two doctors for the assessing team, although they may need to consider individual factors, such as whether the person will require translators to attend the assessment.

- However, if the person in crisis is within the community the assessment setup becomes more complex. In these situations, the AMHP will also need to coordinate secure transport for the person and organise a bed for them should they require an admission. They will consider whether the person has pets or children that will need looking after while the person is assessed. If the person seems to be at serious risk of harming themselves or others, the police have power to enter their home (if required, by force) under a Section 135(1) warrant and take them to a designated place of safety. In this instance, the AMHP would also need to organise the warrant, coordinate police attendance, and potentially find an available locksmith for entering the property. Synchronising doctor, secure ambulance and police attendance can be particularly challenging.

The Hampshire and Southampton AMHP Teams provided a wealth of feedback through their questionnaire responses regarding the main causes of delays (aside from finding available s.12 doctors) when organising Mental Health Act Assessments. These were grouped into themes, which have been presented as word clouds below. The larger the words, the more regularly the theme was mentioned in the AMHPs’ responses.
The main causes of delays identified by the Southampton and Hampshire AMHP Teams when organising urgent community mental health act assessments:

- Ambulance / secure transport availability
- Distance to travel
- Geographical location
- Bed availability
- Police availability
- Contacting relevant agencies
- Waiting for the doctor with previous acquaintance to become available
- Coordinating availability (finding a time that works for all the resources needed, e.g. both doctors, the ambulance, the police etc)

The main causes of delays identified by the Southampton and Hampshire AMHP Teams when organising Section 136 Mental Health Act assessments:

- Time of day
- Distance to travel
- Bed availability
- Contacting relevant agencies
- Waiting for the doctor with previous acquaintance to become available
- Person requiring assessment intoxicated on arrival therefore the person needs to sleep it off
- Emotional dysregulation requiring a period of de-escalation
- Gathering information
- Ambulance availability
- Clinical delay
- Overnight detentions
- Contacting the person’s nearest relative
APPENDIX 2: Data options explored and then ruled out for the evaluation

<table>
<thead>
<tr>
<th>Measure Explored</th>
<th>Data Obtained</th>
<th>Reason for Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time saved for secure transport providers waiting with patients under Section 136</td>
<td>Not applicable.</td>
<td>Data relating to the time SecureCare UK (local secure transport provider) spend waiting with patients for assessments to begin was requested, however this data was not available for the time frames required, as it is held in paper records and routinely shredded. Without access to baseline data it would not be possible to draw comparisons.</td>
</tr>
<tr>
<td>Place of Safety Bed - Savings in terms of beds</td>
<td>SecureCare UK provided data on the time each patient arrived at a Section 136 suite and the time each patient left the suite for each SecureCare ‘call out’ between 1 December 2018 and 1 March 2019 as a baseline and between 1 December 2019 and 1 March 2020 as a comparator.</td>
<td>Preliminary data analysis and discussion with stakeholders indicated that a broad number of variables impact on the throughput at places of safety. Therefore, this data was excluded, and this measure was ruled out as an inappropriate measure of impact for S12 Solutions for the purposes of this evaluation.</td>
</tr>
</tbody>
</table>
| Time to MHA Assessment                                | AMHP Team data collected for local/national reporting was provided by both AMHP teams for a 3-month period prior to S12 Solutions being introduced and for a 3-month period after S12 Solutions was introduced. This data included:  
  - Date & time the referral was allocated to the AMHP  
  - Date & time the assessment started  
  - Legal status at start of assessment (if applicable)  
  - Number of attempts to contact first and second doctor per assessment (for Hampshire team only) for 3-month period pre / post intervention  
  - Location of assessment  
  - Date & time client arrived at place of safety (not consistently recorded)  
  - Date & time AMHP arrived at place of safety (not consistently recorded)  
  - Reason for delay (not consistently recorded) | Preliminary data analysis and discussion with stakeholders indicated that a broad number of variables impact on the time between a referral being received and a MHA assessment taking place; including: patient condition at time of arrival, bed availability, ambulance availability, and time of day (see Appendix 1 for further examples). Therefore, this data was excluded, and this measure was ruled out as an inappropriate measure of impact for S12 Solutions for the purposes of this evaluation. |
<p>| AMHP time spent on assessment setup, specifically for Section 136 assessments | Data requests were submitted to the Southern Health Acute Care Team requesting data held in relation to Section 136 assessments (information on assessment team setup is included in their standard assessment form), however these requests were not actioned. | Data not made available.                                                                                                                                                                                                 |</p>
<table>
<thead>
<tr>
<th>Measure Explored</th>
<th>Data Obtained</th>
<th>Reason for Exclusion</th>
</tr>
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<tbody>
<tr>
<td>Number of TOIL payments made to AMHPs before and after intervention</td>
<td>Not applicable.</td>
<td>Ruled out following discussion with the AMHP Leads as there are too many external factors that influence the number of overtime payments made and the number of freelance AMHPs used (such as periods of staff sickness, maternity leave cover, number of AMHPs in training).</td>
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<tr>
<td>Number of freelance AMHPs required before and after intervention</td>
<td>Data provided by Hampshire AMHP Team</td>
<td></td>
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<tr>
<td>Number of referrals received by AMHPs that are passed back from the out of hours teams to the daytime teams</td>
<td>Not applicable.</td>
<td>This measure was based on the Cumbria and south west London pilot sites’ experience but was found not to be applicable locally, based on how the AMHP teams operate.</td>
</tr>
</tbody>
</table>
APPENDIX 3: Overview of the pathway from the point an AMHP receives a referral to the point the MHA assessment has been completed for Section 136 and Urgent Community MHA assessments

Urgent Community MHA Assessment:
Section 136 MHA Assessment:

1. Police detains the person under s.136
2. Secure transport provider transports person to a designated place of safety and contacts appropriate local AMHP Team
3. Case allocated to an AMHP
4. AMHP gathers information
   - Carries out background checks
   - Identifies any current or previous mental health presentations
   - Contacts person’s nearest relative
5. Set Up Assessment
   - Book Doctors for the assessing team
   - Other factors for consideration, include:
     - Organising translators
     - Arranging care for the person’s pets
6. Assessing team travels to assessment
7. MHA assessment takes place
8. Assessment Completed
   - Person is detained under the MHA
   - Person is admitted but not detained
   - Person is discharged

★ Where S12 Solutions impacts the pathway
APPENDIX 4: S12 Solutions App IT requirements

- Devices given to users can receive SMS messages.
- Devices must receive regular security updates from the manufacturer and Google / Apple. As of January 2020, Google supports Android 8+ and Apple supports iOS 12. We will support down to Android 6 and iOS 10 (on iPhone 5s) for a limited period while upgrades are rolled out.
- Devices must have mobile data plans and can use up to 100MB /month for the S12 Solutions app. Wi-Fi-only data is insufficient.
- Devices are regularly updated, and any security-related patches are applied as soon as possible.
- Devices are configured to permit the user to download and install the app from the Apple App Store or Google Play Store or the application is pushed to devices.
- Devices have access to mobile data.
- If devices are managed, for Android, users can download app ID: com.s12solutions.s12, and for iOS, users can download bundle ID: com.s12solutions.s12solutions, App ID: 1475529365.
- Devices are configured to automatically download and install application updates to the S12 Solutions application.
- Where Wi-Fi networks exist on site, users' devices are configured and permitted to access the networks, permitting internet connectivity to all S12 Solutions subdomains and other services related to the platform.
- Web browsers for desktop and laptop users should be running a current version of Google Chrome, Mozilla Firefox, Microsoft Edge, Safari, with JavaScript enabled.
- Devices must be protected through a pin code or biometric authentication – recommended but not essential.