



S12 SOLUTIONS

Introduction

The purpose of Mental Health Act ('MHA') assessments is to decide whether a service user should be detained under the Mental Health Act to receive treatment for a mental disorder, or referred for additional inpatient assessment. Approved Mental Health Professionals ('AMHPs') are responsible for arranging usually two s.12 approved doctors to accompany them to assessments, which are often significantly delayed by the manual assessment set-up process. AMHPs work through paper lists of doctor details, which can take hours, sometimes entire shifts. Such delays can compound service user distress and risk, while creating further delays for associated services, including A&E departments, the ambulance service, the police and places of safety. Doctors are eligible to make claims for attending assessments; the paper-based claim form process is time consuming for mental health professionals and administrators, and its inefficiency can lead to duplicate or missed payments, which deter doctors from undertaking s.12 work.

The Independent Review of the Mental Health Act, published on the 6th December 2018, corroborates the issues described above. The Review reports that stakeholders including AMHPs, the police, and the criminal courts, experience problems arranging assessments, often caused by difficulty finding s.12 doctors. Furthermore, some CCGs report that the claim process is arduous and unclear. The Review recommends that the factors affecting the timely availability of s.12 approved doctors are addressed and suggests that a minimum waiting time standard for the commencement of MHA assessments is considered.

S12 Solutions is an online platform which connects AMHPs with available s.12 doctors and facilitates claim form creation and submission, increasing mental health professionals' productivity while reducing delays and stress on the crisis care pathway.

This document provides additional information to support S12 Solutions' ITP application:

- 3 additional sources of cashable savings
- Rationale for cost savings quoted in our original application
- Further cost saving examples

Additional sources of cashable savings

There are three sources of cashable savings not included in our original financial submission:

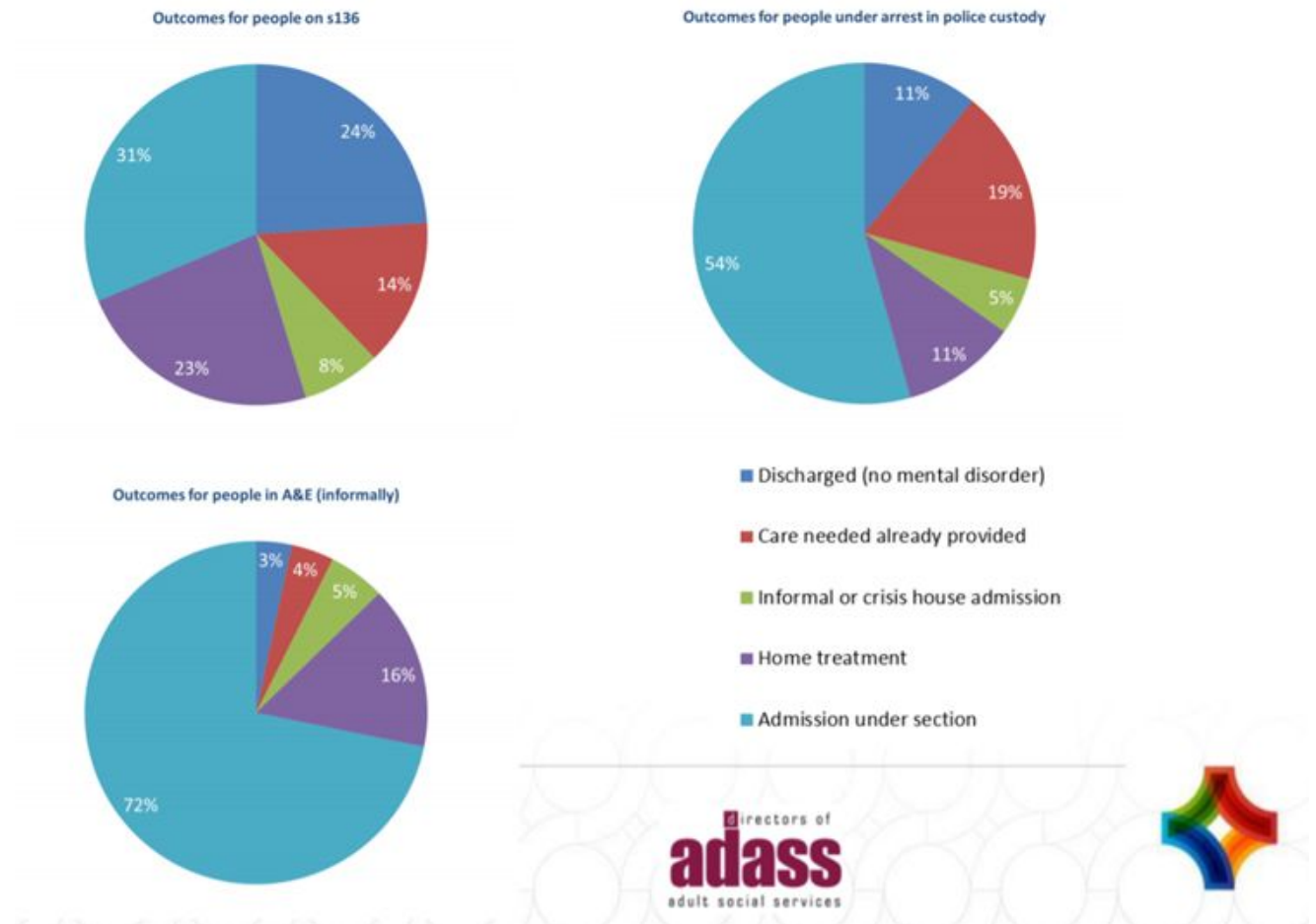
1. Using one doctor instead of two where clinically appropriate
2. Not paying doctors twice
3. Reducing costs incurred by NHS and private ambulances waiting with patients for assessment

1. Using one doctor instead of two where clinically appropriate

Many areas across England are changing their standard operating procedures to encourage AMHPs to invite one doctor, rather than two, to attend MHA assessments where clinically appropriate; despite this, AMHPs tend to invite two s.12 approved doctors anyway because finding available doctors can be difficult, and AMHPs want to avoid future delays if two s.12 doctors are in fact required. In practice, a significant proportion of assessments warrant just

one doctor; for example, in two of our sites, Cumbria, and Southampton and Hampshire, 40-60% of assessments result in a 'no mental disorder' or 'home treatment' conclusion, which corresponds with ADASS' national data:

Assessment outcomes



Source: AMHPs, Mental Health Act Assessments & the Mental Health Social Care workforce, 2018. Adult Directors of Social Services and NHS Benchmarking.

S12 Solutions' ability to help AMHPs quickly and easily find available doctors can help to discourage the practice of inviting two doctors just in case; this has the potential to save £180 per assessment, which is the fee payable to s.12 doctors for attending an assessment.

2. Not paying doctors twice

If two doctors attend a MHA assessment, usually one will be Trust employed and the other will be independent of a Trust, to adhere to Code of Practice conflict of interest guidance. Ambiguity surrounding the rules about making claims have led some doctors to claim a £180 fee for assessments attended within their contracted hours; in essence these doctors are paid twice for this work.

To prevent this, some Trusts have given their doctors protected time within their contracted hours to attend MHA assessments and issued guidance about claiming for s.12 work. While this has been helpful, unfortunately in practice many AMHPs do not know which doctor is on duty or the rules surrounding on duty work and claims. The S12

Solutions platform solves this problem by enabling Trusts to use the platform to clearly define and then uphold the rules around s.12 work; AMHPs can easily contact the on duty doctor and issue claim forms as appropriate. This transparency has the potential to generate cash savings by reducing claim payments made to s.12 doctors for doing work that the on duty doctor could have attended as part of their contract, while also preventing Trust doctors from submitting a claim for s.12 work completed within their contracted hours.

Central and North West London Mental Health Trust has saved an estimated £250,000 annually by organising their contracted doctors to attend assessments as part of their regular work duties; their study can be accessed here: https://www.cnwl.nhs.uk/wp-content/uploads/P220_HIPKINS_Nicholas_original_1433782996.pdf. S12 Solutions' ability to support transparency around on duty doctor and claim for arrangements can help service managers replicate these savings in their own footprint.

Cost savings created by points 1 and 2

- The maximum doctor cost per assessment is $2 \times £180 = £360$
- Therefore, the maximum doctor payment is £99.86m, based on our estimate of 277,440 assessments annually = 5 assessments per LA per 24 hour period x 365 x 152 LAs in England
- If only one doctor claims per assessment, then the average payment is £180 per assessment and the annual total becomes £49.93m
- If the S12 Solutions platform facilitates the behaviour change described above by between 10-20%, the cashable saving is £5-10m
- Cashable savings realised by using one doctor where appropriate could be reinvested in staffing, such as additional medical resource for Liaison Psychiatry roles to improve patient flow through A&E, or improving bed management
- Capturing doctor costs for CCGs before and after the platform's introduction can provide evidence to support these estimates

3. Reducing costs incurred by NHS and private ambulances waiting with patients for assessment

In some areas, NHS and private ambulance providers stay with patients while they wait for their MHA assessment.

- The London Ambulance Service reports that the average cost of an NHS ambulance service waiting with a patient for assessment, excluding conveyance elsewhere, is £254 per admission
- A private ambulance crew costs £28.50 per hour for two staff, although there will be additional associated costs
- Private ambulances are paid by the hour
- The quicker the assessing team arrives and decides on the course of action, the sooner an ambulance crew can leave; the S12 Solutions' platform's ability to reduce assessment delays can reduce ambulance costs for service providers
- The platform's efficiency also has the potential to unblock patient pathways across hospital sites, A&E departments and places of safety
- The frequency of ambulance use is not captured but this problem is routinely discussed among the emergency services, CCGs, AHSNs and the media

Rationale for cost savings quoted in our original application

The £33.95 cost saving per assessment in our application has been configured using the following:

- Dividing our estimated national cost saving of £9,418,420 by our estimated 277,400 assessments per year (5 per LA per 24 hour period x 152 LAs x 365)
- We arrived at our estimated national saving of £9.4m by multiplying our existing estimated saving of £214,055 per STP by 44, the number of STPs in England

Further cost saving examples

These cost saving estimates are based on deliberately conservative assumptions; there is likely to be a range of other savings throughout the process.

The following scenarios involving AMHP time are based on the average cost of a Senior Social Worker as quoted by the Personal Social Services Research Unit at the University of Kent. This comprises an average salary of £42,564 salary + NI & Pension of £11,998 making a direct cost of £54,562. This excludes related overheads (Direct, Indirect & Capital) that would take the total cost to £82,170; training costs that would take it to £106,737. The rate is then derived as £54,562 / 37 hrs per wk / 40.9 wks pa (NHS assumption allowing for holiday, sickness & training) = £36 per hr.

AMHP – time spent arranging the best available s.12 Doctors

We anticipate that the platform will save AMHPs significant time by making it quicker and easier to find and contact available, appropriate doctors in their area.

- Based on a small LA, we assume that there are typically 3 AMHPs on duty, and the equivalent of 0.5 AMHPs out of hours (i.e. 2 AMHPs between 4 LAs)
- We assume that on average 1.5 assessments are completed per AMHP shift
- A total of 5 assessments are therefore completed per LA in a 24 hour period

Our data shows that locating and arranging appropriate doctors to attend assessment takes 2 hours on average, though some research respondents report that it can take more than 4 hours.

Based on evidence from our pilot tests, we expect the app to save 30 minutes per assessment (a 25% time saving on this element of the assessment).

The saving for a small LA would therefore be expected to be 30 minutes per assessment:

5 assessments per 24 hour period = 2.5 hours per LA per 24 hour period x £36 per hour = £90 per LA per 24 hour period x 365 days = **£32,850 p.a. per LA.**

With 152 LAs and 44 STPs, the average saving would be at least $3.45 \times £32,850 =$ **£113,332 p.a. per STP**

This saving would be realised by using fewer AMHPs to cover the workload, fewer overtime payments and less need for freelance AMHPs.

Cashable savings generated by improving AMHP efficiency could be redirected by Local Authority partners to support other areas of the health and social care interface, such as hospital social workers supporting medically fit patients to move out of hospital sooner.

AMHP - additional efficiencies and associated savings generated by the app

The app centralises all the information AMHPs will need during the assessment set-up process; they no longer need to go to multiple sources to find everything they need.

The app also allows claim forms to be completed and submitted electronically instead of manually. AMHPs no longer need to find the form, the appropriate stamp, or wait for the doctor to complete and sign it.

If the app therefore saves another 15 minutes' AMHP time across the 5 hours involved in a typical assessment then the saving using all of the variables used above will be **£16,425 p.a. per LA** or **£56,666 p.a. per STP**.

AMHP/ MHA referral data administration

At the moment AMHPs generally hand write this information which is then collated for monthly, quarterly or annual reports by an administrator. It is a time consuming task that is done inconsistently across teams and the country.

Our conservative estimate is that this takes around 1.5 days per week per team; with an average administrator salary of £18,000 the cost saving would be £18,000 x say 1.15 for NI and pension = £20,700 x 1.5/5 = **£6,210 p.a. per LA** or **£21,424 p.a. per STP**; we know that in some CCGs, administrators on much higher salary bands are doing this work, so the potential cash saving is much greater.

Claim form administration

Our estimate is that for each CCG an administrator spends 1 day per month inputting information to facilitate claims for payments, handling issues around delays and organising a monthly payment run.

As a result of using the app, the person processing the claim will no longer need to check s.12 approval as S12 Solutions checks this information weekly. The app will also avoid the possibility of processing duplicate forms and will ensure that all information is complete.

Assuming an £18,000 salary, the cost saving would be £18,000 x 1.15 = £20,700 / say 22 working days per month = **£941 p.a. per CCG**. With 211 CCGs and 44 STPs the saving would be £941 x 4.8 = **£4,517 p.a. per STP**. As above, we know that in some CCGs, administrators on much higher salary bands are doing this work, so the potential cash saving is likely to be much greater.

Police – reduced waiting time

Quicker MHA assessment team assembly may mean that the police spend less time waiting with service users on s.136.

The saving has been calculated on the basis that the app saves 30 minutes per s.136 assessment and that only one s.136 involving the police waiting with the person for a MHA assessment will take place per week per LA.

The estimated saving would be therefore be 30 min per week x 52 = 1,560 minutes p.a. = 26 hours p.a. x £17 per hr (Police constable £25,400 minimum total cost p.a. / 37 hours / 40.9 weeks) = **£442 p.a. per LA** or **£1,525 p.a. per STP**.

The Police Constabulary interviewed as part of S12 Solutions' commissioned research reported that the equivalent of a full time Police Constable time per month is spent waiting with service users under s.136 for MHA assessment and bed arrangements.

Improved throughput at places of safety ('PoS')

The sooner an assessment takes place the sooner the care and treatment plan can be put into action or a bed found, decreasing the likelihood of unlawful detention.

An NHS bed costs some £400 a day, likely more for a PoS bed. Estimate based on PoS having 4 beds.

If each assessment was completed 30 minutes earlier then the saving would be $\text{£}400 / 24 / 60 = \text{£}0.28$ per minute x 30 = $\text{£}8.33$ per bed x 4 beds = $\text{£}33.33 \times 365 = \text{£}12,167$ p.a. per MHT (30 bed days p.a).

Total savings

The estimated cost saving derived from this limited list, using conservative assumptions, is:

- £55,927 p.a. per LA (savings 1, 2, 3 & 5)
- £197,464 p.a. per STP (savings 1 to 5) with additional savings of £12,167 p.a. per MHT
- With 60 MHTs, the total saving per STP is $\text{£}197,464 + (\text{£}12,167 * 60/44) = \text{£}214,055$ p.a.

Please contact Amy Manning with any further questions or comments about this information.

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