

The S12 Solutions Minimum Viable Product ('MVP') was piloted in 2018 across two sites to explore the scope of the concept's ability to improve the Mental Health Act ('MHA') assessment process's efficiency. This report provides an overview of the evaluation's methodology and key findings:

- The platform increased the section 12 ('s.12') doctor network across both sites – doctors told us that they were willing to participate because the platform offered control of their s.12 work that they had not previously had, and the claim form process is simpler and easier
- Greater visibility into a broader network meant that assessments happened sooner than Approved Mental Health Professionals ('AMHPs') expected. In its 2018 report, the Association of Adult Social Services ('ADASS') states that 28% of MHA assessment delays are caused by problems finding available s.12 doctors; this is the second highest cause of delay, with the delay being in the best interests of the service user the most common cause
- Access to comprehensive information, such as specialisms and languages spoken, improved AMHPs' ability to organise assessments that were the best fit for service users

Pre-pilot research

Pilot Site	Demographic	Situation	Total AMHPs	AMHPs eligible for pilot participation and research	Eligibility criteria
Cumbria	Rural	Believe under-resourced for s.12 doctors, use locums to cover the shortfall, little competition among doctors, with a few monopolising work	38	16	AMHPs who work frequently and are responsible for finding s.12 doctors to attend assessments
South West ('SW') London – Kingston, Merton, Richmond, Sutton and Wandsworth	Urban	Well-resourced for doctors, so more competition, particularly among independent doctors. AMHPs observe strict interpretation of conflict of interest – will not use two doctors employed by South West London and St George's Mental Health Trust at the same assessment – understanding doctor employment status very important	58	45	

Research methodology

- S12 Solutions wanted to understand the MHA assessment process's challenges in both sites, but the lack of existing data and measures, and limited time and resources available at both pilot sites to quickly implement measures, were limiting factors
- ADASS recognises that inconsistent, inaccurate or absent data in this area of mental health practice is a national problem; S12 Solutions' commissioned research highlighted the same issue
- S12 Solutions sought to establish its own benchmarks by surveying all eligible AMHPs using a survey sent via Survey Monkey
- Survey questions were developed in consultation with the AMHP Service Manager in Cumbria and an AMHP Lead in SW London

Pre-pilot surveys: key results

Question	Majority response in Cumbria	Majority response in SW London	Notes
How frequently are MHA assessment delays caused by difficulty finding available doctors?	Often	Sometimes	5 Cumbria AMHPs answered 'Almost Always' and 6 SW London AMHPs answered 'Often'
How regularly is preparation time negatively impacted by finding available doctors?	Sometimes	Sometimes	In Cumbria, 9 AMHPs answered 'Frequently' and 4 'Almost Always.' In SW London, 6 AMHPs answered 'Frequently' and 2 'Almost Always'
What is the average period of time between a referral and the start of an urgent community MHA assessment?	2-3 hours	2-3 hours	The options ranged from 0-1 hours to 11+ hours; assessments should begin as soon as possible, so long as it is not in the service user's interest to delay the assessment. 5 Cumbria AMHPs reported 11+ hours
What is the average period of time between a referral and the start of a s.136 assessment?	2-3 hours	2-3 hours	The options ranged from 0-1 hours to 11+ hours; s.136 scenarios are urgent and in many cases the police are required to wait with a service user on s.136, so assessments should begin as soon as possible. 1 Cumbria AMHP reported 6-10 hours, 1 SW London AMHP answered 4-5 hours

Pre-pilot research summary

Survey results demonstrated that difficulty finding doctors can delay assessments and impact negatively on preparation time, even in SW London, which is well resourced for doctors, suggesting that the paper method of finding doctors contributes to the problem of delayed assessments. The results were not substantial enough to provide benchmarks; more research would have been required to understand the variance in AMHPs' answers.

Pilot outcomes

- S12 Solutions added 18 doctors to SW London's network
- S12 Solutions added 29 doctors to Cumbria's network, including a Child and Adolescent Mental Health Services ('CAMHS') doctor, meeting an unmet need
- Assessments completed in Cumbria with doctors new to the network had increased to 12% by month 4 of the pilot, demonstrating that AMHPs were engaging with new doctors – data collected by Cumbria
- Assessments completed during the day increased by 63% in Cumbria – data collected by Cumbria
- SW London did not collect data independently but did provide case studies. For example, one AMHP Lead described using the app to find a doctor who was best fit for the service user; the doctor, added by S12 Solutions the week before and unknown to the AMHP Lead before using the app, who spoke the same language as the service user and provided cultural insight which significantly improved the service user's assessment experience
- An out of hours AMHP quoted an occasion where he found a new doctor via the app who was able to attend a 2am assessment at a busy A&E department; the AMHP was confident that without the platform the assessment would have been delayed until the next shift

Pilot evaluation

- The original intention had been to ask pre-pilot questions again at the end of the pilot to establish impact; we decided against this because we hadn't been able to establish reliable benchmarks and the MVP had not been fully operational for 6 months across both sites because of unforeseen issues with devices and IT set-up, which both sites' IT departments had to resolve; as such, we didn't believe the original approach was a fair assessment of the pilots' impact
- New surveys were developed with AMHP Leads and the AMHP Service Manager, and sent via Survey Monkey

Key results

Question	Majority response in Cumbria	Majority response in SW London	Notes
Has the S12 Solutions platform given you access to doctors you did not previously work with?	Yes	Yes	
Have assessments begun sooner than you anticipated because you had secured readily available doctors using the app?	Sometimes	Yes	
Has the S12 Solutions platform improved your ability to find doctors who are the most appropriate fit for the service user?	No	Yes	Cumbria AMHPs report that best fit for the service user is not a factor in their area because of low s.12 doctor numbers and lack of diverse skills available among their network; we expect this to improve as more doctors are added to the network
On the whole, has the S12 Solutions platform improved the MHA assessment set-up process for you?	Sometimes	Sometimes	

Qualitative AMHP feedback

"During holiday periods we have often found it extremely difficult to find s.12 Doctors in an expedient manner when we have had a high volume of referrals. Doctor availability has improved significantly during these periods since the app was launched. We were recently asked to conduct a MHA assessment at [location removed] at 5.30am, when we used the location search function on the app, we found a doctor we had not previously used who lived 15 minutes from the police station who was available to attend. Our out of hours teams regularly struggle to find s.12 doctors from 4/5am onwards. Many of the s12 work full time or only during the day so don't want to come out at this time. However, the app has helped us identify a number of doctors who are available during these periods. This has led to a reduction in delays to assessments during these time periods."

AMHP Lead

"As an AMHP I have found the app really helpful. It gives me more information about the s12 Doctor and their location, it is more up to date than my previous written list."

AMHP

Qualitative doctor feedback

"Eight requests at the right time right place."

"Easy to use, click when I am available and when not available."

"The majority of AMHPs do use the app to identify the s.12 doctor available and I have not received any unwanted contact when I am unavailable. Excellent app for both professionals."

In summary

Based on pilot findings, the S12 Solutions platform has the ability to:

- Reduce the time users wait for assessment, and the possible distress, anxiety and risk experienced by them and their families
- Increase the time AMHPs have to prepare for assessment, improving the experience for service users, and reducing the likelihood that AMHPs will work beyond their contracted hours
- Increase access to s.12 work for appropriate doctors
- Create process efficiencies that generate cost savings for services in terms of saving AMHP assessment and data entry time, administrator time, and police and place of safety resources

Learning

- There is a correlation across both sites between regular app use and positive outcomes among all users; a robust communication plan, which positions the platform as a mandatory, strategic imperative, plus operational plan will help users get the most from the platform
- An IT implementation plan will identify and resolve IT issues before users engage with the platform; where possible, the app should be added by IT on behalf of users, and devices set to update apps automatically and connect to WiFi when able
- A training plan will be structured to facilitate face to face training, supported by webinars, video demos and user guides; the pilots have proven that better engagement and positive outcomes follow with users the S12 Solutions team has met in person