Salford Community Mental Health Service Mystery Shop 2017

A report by Salford Mental Healthwatch Action Group with Healthwatch Salford.

Contents   Page

Healthwatch Salford

1. Introduction

1.1 This report was produced after the completion of the first stage of the Mental Healthwatch Action Group Mystery Shop Project.

1.2 Last year, Healthwatch Salford received some comments and referrals through the Mental Health Service User Forum (MHSUF) about accessing services and waiting times. This feedback was cross referenced with the organisation's signposting database. Twenty-one of the cases related to accessing mental health support and twenty-three were referrals to Mind in Salford for advocacy. A chart of the collated data on the services is included in Appendix A. In addition, it was reported by stakeholder groups in the local network that their members were experiencing difficulties accessing services.

2. Executive Summary

2.1 This report was produced at the request of users of mental health services in Salford and the project was designed to address barriers to mental health services that have been expressed to Healthwatch Salford over a period of time.

2.2 Mystery Shopping is a recognised tool frequently used by service providers to highlight any changes required in levels of customer service. In this case the mystery shop was carried out by local service users themselves.

2.3 The barriers highlighted relate to service users, friends and family of service users accessing information about services. Our findings suggest that implementation of the Accessible Information Standard should be reviewed.

2.4 The suggestions for actions which have come out of the report, if they are implemented appropriately, may help to ensure that users of mental health services are better able to access the right services that exist in the City of Salford, cutting down on duplication and additional costs due to wasted appointments, increased distress caused by accessing services inappropriate to need, and potential charges of discrimination under the Equality Act 2010.

3. The Mystery Shop

3.1 A group of nine mental health service users from Salford came together to plan a project to address the weaknesses identified through the initial research into the topic. It was agreed that a good way forward would be to conduct a 'mystery shop' exercise.

3.2 'Mystery Shopping' was first used as a market research/quality control exercise by commercial firms. It is where someone poses as a buyer or user of services specifically to assess the quality of the service.

3.3 It was decided to use this method to assess the effectiveness of the telephone service of a range of community mental health services for adults in Salford, including registered service providers and VSCE groups and organisations. There were several reasons why this was agreed to be an appropriate methodology.

1. It is something that can be done from the office or from home – it is not necessary to travel to the service.

2. There is a level of anonymity about phoning a service that is useful to test the service while protecting the individual concerned, who may well need to present in person to one of the services in the future.

3. It is easier on the phone than it is face to face. This is particularly appropriate as the group were concerned about responses to people who have protected characteristics.

4. It would have been both costly and time consuming for a group of people to travel round the region visiting different services.

5. There were several concerns expressed particularly about the quality of response to urgent phone queries to mental health services in Salford. The telephone operators are often the first point of contact. A poor telephone response could have several significant knock-on effects for both service users and providers.

   - If the person who is phoning is in distress, a poor response could make the distress worse, possibly even to the point of creating a crisis

   - If the information given out is misleading then the person may turn up at the wrong service and this could lead to misunderstanding or conflict, which will take staff time to manage and may also make distress worse

   - If the telephone response is inadvertently discriminatory, then it could result in a legal challenge.

3.4 The group felt that it was important that the telephone responder gives out accurate information in an inclusive way, or signposted the caller on appropriately. This is what the mystery shop survey aimed to find out.

3.5 Eight community mental health support services in Salford; including registered service providers and VSCE groups and organisations, were identified as potential 'mystery shop' areas of interest. Fourteen questionnaires reflecting scenarios around the protected characteristics were created alongside an accessible information telephone questionnaire. We considered the ethics of this and the general feeling of the group was to prioritise the potential needs and experiences of people who access services and have protected characteristics. It was not practical to recruit volunteers/service users to the group during this time who represented all protected characteristics.

3.6 The experience of completing the Mystery Shop has given rise to a number of other concerns. The Mental Healthwatch Action Group now intend to survey local

people about their experiences of visiting mental health service providers in the area, seeking common themes and trends. In light of the feedback from service users about the lack of information in accessible formats, it was decided to include a review of the provision of accessible information, as required by the Accessible Information Standard, in this additional research project.

4. Methodology

4.1 Two planning meetings were held with members of the group in July and September. A range of scenarios were devised based around a friend or relative ringing up eight key mental health service providers with concerns about their friend or relative's mental health. The friend or relative was represented as having one or more protected characteristic from the list of nine protected characteristics included in the Equality Act 2010. The scenarios used are given in Appendix B.

4.2 The scenarios were divided up between group members and the phone calls were made at different times over day over a period of three months. The phone numbers of services were obtained via the internet and are included in appendix C.
4.3 Healthwatch Salford recognises the limited focus of this Mystery Shop and all experiences and recommendations should be seen in the context of a snapshot picture gained through volunteers (ex and current mental health service users) who made more than 40 phone calls during the project's two-month period.

4.4 We value the time and commitment of mental health service staff and recognise that front line staff are under immense pressure. The aim is not to criticise but to suggest improvements to the phone services which will improve the experience of mental health service users when trying to access the services. The improvements suggested in this report could mean a more efficient first response. This has the potential outcome of preventing further distress for the service user, which would in turn alleviate the pressure on members of frontline staff.

4.5 Healthwatch Salford's primary strategic function is "to gather views and understand the experiences of patients and the public." It is right for Healthwatch Salford to reflect the needs and experiences of mental health service users and to highlight the importance of good information communication to service users. This approach was an easy way to engage volunteers who have experiences of mental health services in contributing to service improvement.

5. The Results

5.1 Forty-two phone calls were made over a period of two months to eight different services. The chart below represents the comments made by the mystery shoppers in relation to their experience of the mystery shopping exercise.

Positive Comments

"Some responders were polite."
"Some services rang back when a message had been left."
"One responder would not let me go until she'd given me contact numbers for three different services in the community that may be able to help my 'daughter', who was in crisis. These were all appropriate to the scenario given."
"Ramsgate House answerphone was a model of good practice."
"Receptionist explained in detail the mental health triage system at Accident & Emergency."
"Sometimes it just wasn't the appropriate service for the situation, and the name and contact details of a more appropriate service was given."
"Staff knew about the requirement to provide British Sign Language interpretation for deaf people and stated that this would be done if necessary."
Negative Comments
"The receptionist is the first point of contact and they are not responding appropriately. Is this due to lack of training, or lack of care?"
"It was disappointing to find that the services are disjointed and inconsistent."
"There was sometimes a poor understanding of accessibility issues. There didn't seem to be an understanding that people ringing up may be distressed or incoherent due to impairment issues."
"Self-referral was not mentioned as an option."
"Front desk does not always let you through."
"We were consistently told that referrals have to come from their GP – most people not told they can self-refer."
"People were advised to go to A & E."
"I rang and left messages for Cromwell House on six occasions – did not get a response."
"I rang three services at least twice and got no reply."
"Several responders did not give their names when asked."
Responders came across as defensive – why?
"There appeared to be a different attitude to different equality strands – a person ringing up as parent of a young student being bullied because they'd come out as gay was treated sympathetically."
Recommendations
The receptionists as the first point of contact should be trained to provide a consistent service to a certain standard that can be monitored.
Receptionists should be polite when answering the phone.
Receptionists should always give their names when answering the phone and repeat it if asked.
Receptionists need training in dealing appropriately and sensitively with people who have communication issues.
One point of call should be provided for ALL the services with fully trained receptionists who are able to transfer calls to the appropriate service.

6. Actions

6.1 Provide clear, consistent information about each service, with a summary of referral routes, that is easily obtainable and accessible to all on the internet.

Healthwatch Salford

6.2   Advertise the services that exist more widely in a full range of formats e.g. in GP's surgeries, libraries and Gateway Centres.

6.3   Engage with community groups across Salford to continue to identify the barriers to the services that are on offer and implement effective solutions.

6.4   Commission a mystery shop of mental health service facilities to identify the physical and attitudinal barriers to people from different equality strands.

6.5   Conduct a review of written information using the Accessible Information Standard as a base line.

6.6   Commission training from mental health service users to enable staff to really understand the negative impact that barriers to inclusion in the services are having on the community they are paid to serve.

7. Conclusion

7.1 Healthwatch Salford recognises that this exercise has provided a limited snapshot picture gained by a small number of volunteers (ex- and current mental health service users) during a 2-month period, who made 42 phone calls.

7.2 The phone services for eight key mental health service providers in Salford were inconsistent. The inconsistency was experienced by group as potentially discriminatory.

7.3 The attitude of the frontline staff answering the phones was sometimes good, often acceptable but occasionally poor or very poor.

7.4 It was noted that the receptionist is often the first point of contact to people who may be experiencing a mental health crisis or related to someone who is in distress. A poor experience could deter someone who is in crisis from seeking additional help.

7.5 People may have additional impairments or language barriers that are preventing them from communicating clearly. It is up to the service provider to make the reasonable adjustments required by equality legislation to provide an equal service to all. If front line staff are not doing this consistently, and the indications from this small sample suggests that this may sometimes be the case, then it could lead to serious problems that cost the mental health services money and time, either through an increase in the severity of the mental health problem, or through non-compliance with equality legislation.

7.6 Through poor telephone responses, mental health services in the city may also be missing the opportunity to provide essential support to the most vulnerable people in society.

7.7 All the phone systems used throughout the service are different – different voices, menus and options. A more consistent, streamlined service would help people to navigate the complexity of the system.

7.8 Physical access to adult mental health services in Salford did not form part of this research, but it was noted that the contact details listed online did not include details for people who did not use speech either through deafness, distress, physical impairments such as aphasia, or use of other languages. It was felt that this required further research in light of the recent requirements outlined in the Accessible Information Standard.

7.9 Other points not related to the exercise that were highlighted are: lack of consistent, clear and accessible online information about each service, what it does and how it can be reached via telephone, email, text and letter. Text messaging is a very convenient and accessible way to communicate with people. However, many services will not accept text messages. Consideration should be given to allowing customers to contact services using text messaging.

7.10 Intersectionality means the crossover between two or more forms of discrimination. In this research, the term relates to mental distress alongside other protected characteristics. The mystery shop has revealed that difficulties are more likely to arise when a person is presenting with mental distress and also requires additional adjustments to be made on the basis of their other protected characteristics.

7.11 A positive outcome of the project was the formation of the Mental Healthwatch Action Group, a group of mental health service users which has been established to take positive action on health and social care issues that affect mental health service users in Salford. Terms of reference have been agreed and in coming months, the group will be recruiting new members so that the actions taken as a result of this report can be monitored.

8. Acknowledgements

Healthwatch Salford would like to thank all group members – Andy, Helen, J, Mark, Safia, John, Kathryn, Danny and Chloe - for their input into the project.

Appendix A Summary of comments relating to mental health given on the Healthwatch Salford Feedback Centre in 2016/17, grouped into themes.

Provider	Number of Comments	Service	Issue	Number of comments
Unknown ??	3	Community	Service design, integration, access and levels; catchment areas and commissioning	2
			Discharge and aftercare; activity groups	1
			Complaints procedure and PALS; advocacy; patient participation	1
Greater Manchester Mental Health NHS Foundation Trust	19	Unknown I don't understand how the service can be unknown? Do you mean various?	Standards of clinical care, staff training, pay and conditions	1
			Staff attitudes	2
			Appointments, assessments, waiting, delays and registration	1
			Complaints procedure and PALS; advocacy; patient participation	1
			Service design, integration, access and service levels; catchment areas and commissioning	1
			Level of resources and staffing; continuity of care	1
			Information, communication, test results and medical records and diagnosis	1
		Cromwell House/Crisis Service/Ramsgate House	Service design, integration, access and service levels; catchment areas and commissioning	1
			Appointments, assessments, waiting, delays and registration	2
			Standards of clinical care, staff training, pay and conditions	1
			Staff attitudes	1

				Information, communication, test results and medical records and diagnosis	1
			Early Intervention Team	Staff attitudes	1
			Community Services	Standards of clinical care, staff training, pay and conditions	2
			Ramsgate House	Staff attitudes	2
				Standards of clinical care, staff training, pay and conditions how did this come out of the mystery shop approach?	1
				Service design, integration, access and service levels; catchment areas and commissioning how did this come out of the mystery shop approach?	2
				Level of resources and staffing; continuity of care	1
				Appointments, assessments, waiting, delays and registration	1
				Costs and expenses; funding	1
				Discharge and aftercare; activity groups	1
			Ramsgate House / Meadowbrook	Service design, integration, access and service levels; catchment areas and commissioning	1
				Standards of clinical care, staff training, pay and conditions	2
				Level of resources and staffing; continuity of care	2
				Information, communication, test results and medical records and diagnosis	1
				Staff attitudes	1
				Appointments, assessments, waiting, delays and registration	1

Healthwatch Salford

			Safeguarding	1
			Discharge and aftercare; activity groups	1
			Transport and parking	1
		Ramsgate House	Level of resources and staffing; continuity of care	2
			Appointments, assessments, waiting, delays and registration	2
			Service design, integration, access and service levels; catchment areas and commissioning	3
			Staff attitudes	2
			Standards of clinical care, staff training, pay and conditions	2
			Discharge and aftercare; activity groups	2
		Ramsgate House / Home based treatment team	Staff attitudes	1
			Standards of clinical care, staff training, pay and conditions	1
			Level of resources and staffing; continuity of care	2
Primary Care	10	G.P.	Staff attitudes	6
			Appointments, assessments, waiting, delays and registration	3
			Information, communication, test results and medical records and diagnosis	1
			Standards of clinical care, staff training, pay and conditions	3
			Service design, integration, access and service levels; catchment areas and commissioning	2
			Level of resources and staffing; continuity of care	1
	1	HMP Forest Bank	Staff attitudes	1

			Service design, integration, access and service levels; catchment areas and commissioning	1
NHS England				
SRFT	1	Hospital	Standards of clinical care, staff training, pay and conditions	1
			Staff attitudes	1
Multiple	9	G.P. / Community Mental Health Services	Information, communication, test results and medical records and diagnosis	1
			Costs and expenses; funding	1
			Staff attitudes	1
		GP / Hospital	Standards of clinical care, staff training, pay and conditions	2
			Prescriptions	1
		Home Care Agency / ASC	Level of resources and staffing; continuity of care	1
		Hospital / ASC	Discharge and aftercare; activity groups	1
			Service design, integration, access and service levels; catchment areas and commissioning	1
		Hospital / GMMH	Service design, integration, access and levels; catchment areas and commissioning	2
			Standards of clinical care, staff training, pay and conditions	1
		Hospital / Home care	Service design, integration, access and levels; catchment areas and commissioning	1
			Costs and expenses; funding	1
			Information, communication, test results and medical records and diagnosis	1
			Standards of clinical care, staff training, pay and conditions	1
			Appointments, assessments, waiting, delays and registration	1

Healthwatch Salford

General comments about needs and issues	44	General comments about needs and issues	Appointments, assessments, waiting, delays and registration	2
			Care environment, privacy, dignity, facilities and refreshments	
			Carers	1
			Complaints procedure and PALS; advocacy; patient participation	
			Costs and expenses; funding	2
			Discharge and aftercare; activity groups	4
			Information, communication, test results and medical records and diagnosis	22
			Level of resources and staffing; continuity of care	7
			Prescriptions	
			Regulation	
			Safeguarding	
			Service design, integration, access and service levels; catchment areas and commissioning	29
			Staff attitudes	
			Standards of clinical care, staff training, pay and conditions	1
			Transport and parking	

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Appendix B Table of phone numbers of ten key mental health services operational in Salford in September 2017 according to the Greater Manchester NHS Mental Health Trust website (https://www.gmmh.nhs.uk/salford, viewed September 2017)

Service Name	Phone Number
Braeburn House	0161 7457900
Community Engagement Recovery Team (CERT)	0161 607 8280
Cromwell House	0161 357 1280
Early Detection and Intervention Team (EDIT)	0161 607 8270
Salford Home Based Treatment Team	0161 357 1229
Mental Health Liaison Service	0161 206 8539
Prescott House	0161 702 9368
Salford Primary Care Psychological Service	0161 358 0977
Ramsgate House	0161 358 0732
Specialist Psychotherapy Service	0161 358 1777

Healthwatch Salford

Appendix C Scenarios based on the nine equality strands listed in the Equality Act 2010, developed by the Mental Healthwatch Action Group, that the Mystery Shop telephone questionnaire was based on.

Why Use Scenarios?
Healthwatch Salford relies on feedback about experiences of people using health and social care services. However, it can be difficult to get people to give us feedback especially those who identify with additional protected characteristics. As part of mystery shop projects, we will design scenarios so that we can find out how a service meets the specific needs of local people who may need to access them.

About the Scenarios in this Project
We want to ensure that community mental health support meet the standards and expectations of local people. We want to check that they are accessible to all local people including those whom may need information in different formats to meet their needs. This may be due to visual or sensory impairment, learning difficulties or disabilities, literacy levels and language spoken. We call this accessible information.

Characteristic	Scenario
general mental health	1. Woman with generalised anxiety disorder 2. Man in crisis who says he needs help
age	3. Older woman who is depressed and needs home visits
disability	4. Young man with learning disabilities who needs information in easy read and has anxiety following mother's death 5. Woman who is deaf and needs information in BSL and an interpreter to refer 6. Man in his 50's who needs information in giant print 7. Man in his 30's who is paraplegic and suffering from depression and negative thoughts (include will I be able to get into the building?)
gender reassignment	8. Man who is undergoing transition and is experiencing high levels of anxiety 9. Woman who is undergoing transition and is experiencing high levels of anxiety
pregnancy and maternity	10. New mother who we are worried has post-natal depression but has existing anxiety
race	11. Polish woman and needs information translating
religion or belief	12. Older Muslim man who can't get out and is worried about people coming to the home accessing services due to stigma
sexual orientation	13. Young man from traveller background who is has been victim of a reported hate crime due to his sexual orientation 14. Young woman who is suffering from anxiety as a result of being away from home and worrying about how to explain her sexual status to her friends at university who have used some negative language around this

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