



Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

Finding a long-term solution for the mental health services that were provided from the George Bryan Centre

Summary of findings



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Summary of findings



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Introduction and background



Introduction



- This report presents the findings from the **George Bryan mental health** involvement survey and events
- This involvement aimed to gather feedback on mental health services in South East Staffordshire, provided by Midlands Partnership NHS Foundation Trust (MPFT)
- The George Bryan Centre provided services to the residents of Burton upon Trent, Lichfield, Tamworth and the surrounding areas
- Early in 2019, one of two wings of the George Bryan Centre was destroyed by fire. The second wing was later temporarily closed on the grounds of safety
- Temporary arrangements were put in place, and Together We're Better – the local health and care partnership – now wants to design the long-term solution
- This report was produced by NHS Midlands and Lancashire Commissioning Support Unit (MLCSU).

The George Bryan Centre provided an assessment, care and treatment service for working-age adults in an acute state of mental illness, and a mental health assessment and treatment service for people aged over 65.

Since the fire, anyone living in South East Staffordshire who has needed an inpatient stay has been sent to St George's Hospital in Stafford. An enhanced service has been in place in the community.

Background to the involvement

A series of engagement events took place in 2019 to establish what was good about the services and what needed improving.

The Board of MPFT received a report detailing the outcomes of the engagement exercise on 30 January 2020.

The COVID-19 pandemic delayed any further engagement on the future of the services.

A sense-check engagement was undertaken in autumn 2021 to understand people's experiences since the fire.

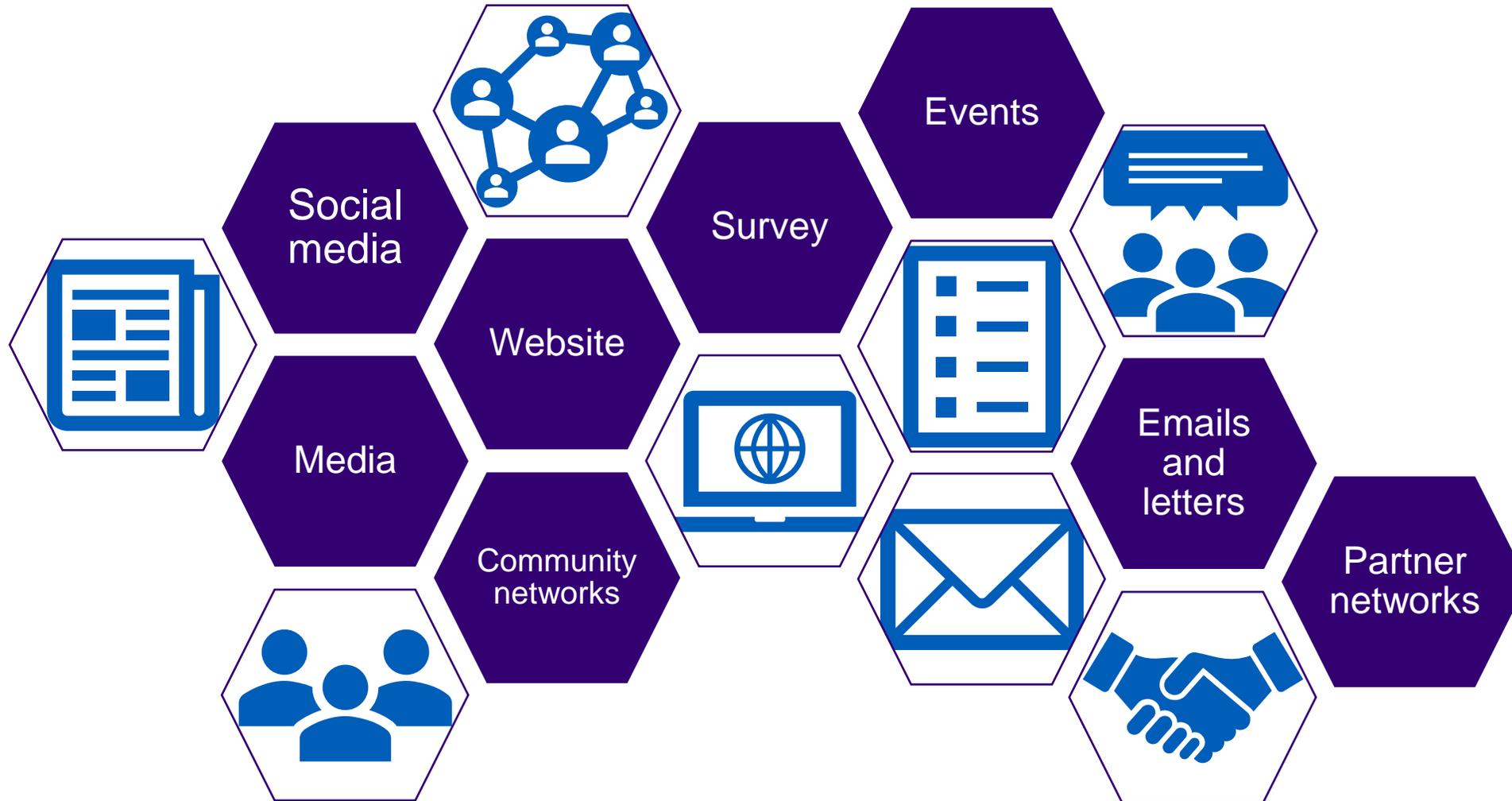


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Communications and engagement



Channels used



Stakeholder engagement activity

- Stakeholders were contacted and asked to promote the survey and engagement events
- The involvement was promoted alongside engagement on urgent and emergency care
- Stakeholders included voluntary organisations, service providers, local councils, support groups and religious organisations.



783
stakeholders
engaged with



3,014
emails
sent



85
phone calls
made

Collateral and promotion

- The **survey and events** were promoted on the Together We're Better (TWB) and the Midlands Partnership Foundation Trust (MPFT) websites and associated social media accounts
- A **video** was produced explaining the model of care
- An **issues paper** was created to describe the proposed changes
- A **summary (accessible) issues paper** was also created.



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Transforming health and care for
Staffordshire & Stoke-on-Trent

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Finding a long-term solution for the mental health services that were provided from the George Bryan Centre

7 October 2021

If you are affected by anything in this document, contact our Urgent NHS Mental Health Helpline for support, advice and triage.
FREEPHONE 24/7: 0808 196 3002



Social media

- Both paid and organic social media were used to promote the involvement.
- Posts were scheduled from TWB's accounts and posted by partner organisations including:
 - Midlands Partnership NHS Foundation Trust
 - Staffordshire and Stoke-on-Trent CCGs
 - Healthwatch Stoke-on-Trent
 - Tamworth Council
 - University Hospitals of Derby and Burton NHS Foundation Trust.

Social media advert

Together We're Better Staffordshire and Stoke-on-Trent
October 9 · 🌐

Do you care for someone who accessed mental health support from the George Bryan Centre? We want to find a long-term solution for how the services can be provided, since a fire caused the centre to close in 2019. Get involved: <https://gettinginvolved.mpft.nhs.uk/george-bryan-centre...>

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Tell us your views on mental health services following the fire at the George Bryan Centre.



Clicks

980

Reach

53,809

Impressions

182,223

Twitter

39 posts

14 likes

23
retweets

Facebook

15 posts

1 like

11 shares





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Reporting methodology



Methodology

- Feedback was gathered through a survey and two events
- The survey and events were promoted via the MPFT website and social media
- Stakeholders were contacted by email and phone, encouraging them to take part.



The survey was hosted online between
Thursday 7 and Sunday 31 October.
Paper versions were available
on request.
80 responses were received.



Two online workshop events
were held on
14 and 18 October.
**There were 29 participants
in total.**

Event methodology

- The workshops were held on **Microsoft Teams**
- Participants registered in advance through an online form
- The workshops began with all participants viewing a presentation
- Feedback was collated on a **Jamboard** during the event. This acted as a virtual 'flipchart' with participants able to add their feedback directly to the board
- Participants were also asked to complete a **demographic profiling survey**. This was completed by nine participants.

Jamboard:

Share your experiences and ideas

Please tell us about your experiences of using community mental health services and St George's Hospital since February 2019.

- What do you feel went well?
- What challenges or issues did you face?

Please tell us your ideas or suggestions about how we could provide mental health services in the future.

It's been a shame communication has been non-existent services only just getting into gear since covid. There has been high need and unable to receive the services I should have got.	Travel shouldn't be an issue if you need to access services. They need to be local to the community - especially in Tamworth	Public transport links poor from Tamworth to St Georges	Lichfield: in the south of staffs we need this facility. Its important to people in the south of the county who need this service to remain local. We were given assurance that this service will be reinstated	lack of day care, lack of Admiral nurses in Tamworth	We don't want what we have got - we want what we had	CB was and is reasonably close to Tamworth Town Centre and Ventura	CB: Family involvement and patient experience improvement and satisfaction with care. A national cross-sectional study in mental health hospitals. BMC Psychiatry 2023. https://doi.org/10.1186/s12916-023-02800-8	the community wants CB back as a facility - but make it bigger so we can incorporate more local services
services at CB helped a great deal. If I had to go to Stafford I would have been detrimental to my health. There would have been little involvement from my family due to financial issues as they wouldn't have been.	Tamworth population nearly 80,000	travel to and from is costly when you don't have much money and we had two young children but which made commuting every day difficult	resident of borhamwood - to get to staffs is a nightmare. three bus journeys to get there. what other facilities are there locally to help make suggestions and decisions on community services??	Wife - 2 weeks in hospital. felt totally engaged with the service and it was great. but in looking after my wife I have felt totally isolated in Tamworth. given the amount of demands in the area service provision isn't	doing the best you can. for the kids, not for the local population. it's not the best for the people who need to service. The best does what it has to do to try and not what is needed by the public.	In my experience of CB - I had access to Art Therapy and occupational therapies.	Family involvement in discharge planning and mental health care. Psychiatric services. https://doi.org/10.1186/s12916-023-02800-8	future improvements and a period of help. we don't know where to get help so I feel we know where to find them.
We have not used the services since the end of 2020. We could have done the services but felt it was pointless.	Tamworth needs more services because of the population levels here	The evidence base suggests that Family/Carer involvement improves outcomes for inpatient and can reduce the length of inpatient stay.	when CB is gone there doesn't appear to be any alternative in patient facility is your only option	I felt isolated while trying to care for my wife	CB - there does need to be some sort of in patient facility.	I feel that unless crisis care is better than what we have people don't get the support necessary due to lack of services in place. with things in place people would not get to the point where they need admission	CB: why involve family in acute mental health care? A collaborative conceptual review. BMC Psychiatry 2023. https://doi.org/10.1186/s12916-023-02800-8	shaping services for the future needs to be worked out with patients who have experienced treatment
								we need a pathway - people need to know where to go to get help

Demographic profiling survey:

About you

We would like to know a little more about you. The following questions will help us understand more about who has responded to this engagement. This will help us to ensure we have listened to as many different people as possible. You can leave this section blank if you wish.

Which of the following describes you? (Please tick as many as appropriate)

I am currently using maternity services
 I have used maternity services in the last 12 months
 I am hoping to have a baby and use maternity services
 I work in maternity services

Please provide your full postcode. Providing your full postcode does not mean we will be able to identify you individually. It will help us to ensure we have gathered views from all areas.

Enter your postcode here:

What is your ethnic group? (Choose one option that best describes your ethnic group or background)

White: English/Welsh/Scottish/Northern Irish/British
 White: Irish
 White: Gypsy or Irish Traveller
 White: Any other White background (please specify in the box below)
 Mixed/Multiple ethnic groups: White and Black Caribbean

Structure of the survey and events

Survey sections

Who are you?

Mental health services to give feedback on

Experiences of using the George Bryan Centre

Experiences of using St George's Hospital

Experiences of using community mental health services

Community mental health services in the future for South Staffordshire

About you

Event agenda

Continuing our ongoing conversation

The George Bryan Centre and understanding your experiences

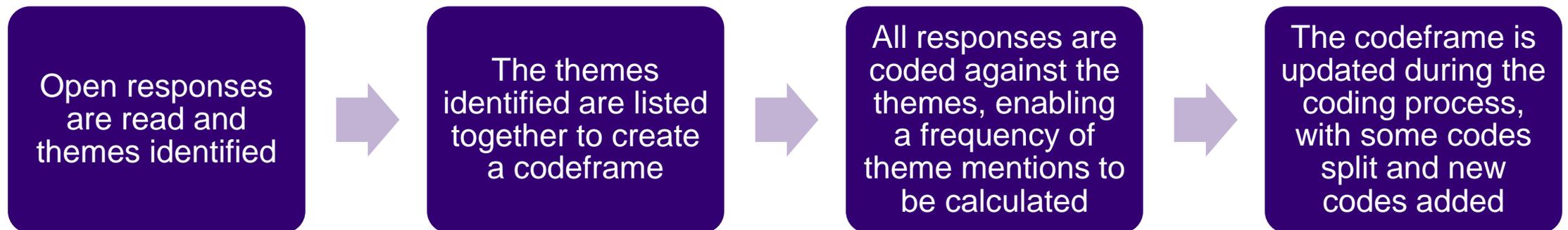
A model of mental health services for the future and your ideas/suggestions

Next steps and closing remarks



Approach to analysis: survey

- The survey used a combination of 'open text' questions for respondents to make written comments, and 'closed' questions where respondents 'ticked' their response from a set of pre-set responses
- Open responses received in the survey have been read and coded into themes. These themes include overarching 'main themes' and more detailed themes
- Coding is a subjective process
- The coding process is summarised below:



Presentation of findings

- Responses to the survey are broken down by the following variables:
 - CCG area
 - Respondent type
 - Service user capacity
 - Age
- For some questions, not all variables are shown. This is because:
 - Some questions were only asked of specific groups within the survey
 - There were limited responses to the questions.
- Percentages may not add up to 100% due to rounding or where respondents could choose more than one response.

Variable	Source
CCG	Profiled from postcode question
Respondent type	<p>Questions: As an individual responding to this questionnaire, which of the following best applies to you?</p> <p>As an organisation responding to this questionnaire, which of the following best applies to you?</p>
Service user capacity	<p>Questions: In what capacity did you experience the George Bryan Centre?</p> <p>In what capacity did you experience St George's Hospital?</p> <p>In what capacity did you experience community health services?</p>
Age	What is your age category?



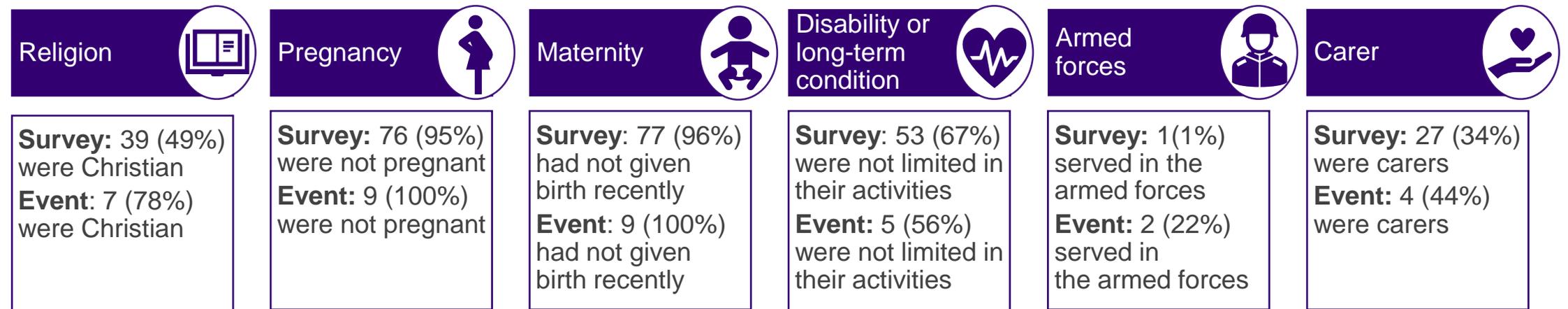
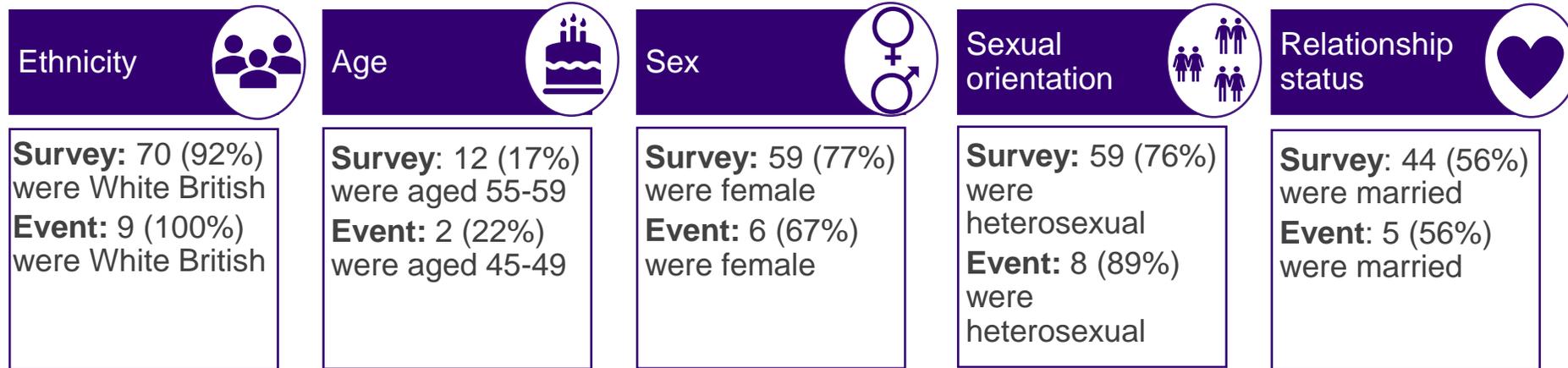
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Demographic profiling



Demographic profiling

Survey respondents and event participants



Demographic profiling (1)

Age	Survey		Events	
	No.	%	No.	%
16 – 19	-	-	-	-
20 – 24	1	1%	1	11%
25 – 29	5	7%	1	11%
30 – 34	6	8%	1	11%
35 – 39	7	10%	-	-
40 – 44	8	11%	-	-
45 – 49	4	6%	2	22%
50 – 54	9	13%	2	22%
55 – 59	12	17%	-	-
60 – 64	8	11%	1	11%
65 – 69	7	10%	1	11%
70 – 74	2	3%	-	-
75 – 79	1	1%	-	-
80 and over	-	-	-	-
Prefer not to say	2	3%	-	-
<i>Base</i>	72		9	

Ethnicity	Survey		Events	
	No.	%	No.	%
White British	70	92%	9	100%
Prefer not to say	2	3%	-	-
White: Irish	2	3%	-	-
Asian/Asian British: Indian	1	1%	-	-
Any other ethnic group	1	1%	-	-
Prefer not to say	2	3%	-	-
<i>Base</i>	76		9	

Demographic profiling (2)

Sex	Survey		Events	
	No.	%	No.	%
Female	59	77%	6	67%
Male	15	20%	3	33%
Prefer not to say	3	4%	-	-
<i>Base</i>	77		9	

Sexual orientation	Survey		Events	
	No.	%	No.	%
Heterosexual	59	76%	8	89%
Bisexual	-	-	1	11%
Gay	4	5%	-	-
Lesbian	2	3%	-	-
Asexual	2	3%	-	-
Prefer not to say	11	14%	-	-
<i>Base</i>	78		9	

Relationship status	Survey		Events	
	No.	%	No.	%
Married	44	56%	5	56%
Single	12	15%	1	11%
Lives with partner	10	13%	3	33%
Divorced	4	5%	-	-
Civil partnership	1	1%	-	-
Separated	1	1%	-	-
Widowed	1	1%	-	-
Prefer not to say	5	6%	-	-
<i>Base</i>	78		9	

Demographic profiling (3)

Pregnant at this time	Survey		Events	
	No.	%	No.	%
No	76	95%	9	100%
Yes	1	1%	-	-
Prefer not to say	3	4%	-	-
<i>Base</i>	80		9	

Religion	Survey		Events	
	No.	%	No.	%
Christian	39	49%	7	78%
No religion	32	40%	2	22%
Hindu	1	1%	-	-
Other	1	1%	-	-
Prefer not to say	7	9%		
<i>Base</i>	80		9	

Recently given birth	Survey		Events	
	No.	%	No.	%
No	77	96%	-	-
Yes	1	1%	9	100%
Prefer not to say	2	3%	-	-
<i>Base</i>	80		9	

Armed forces	Survey		Events	
	No.	%	No.	%
No	75	94%	7	78%
Yes	1	1%	2	22%
Prefer not to say	4	5%	-	-
<i>Base</i>	80		9	

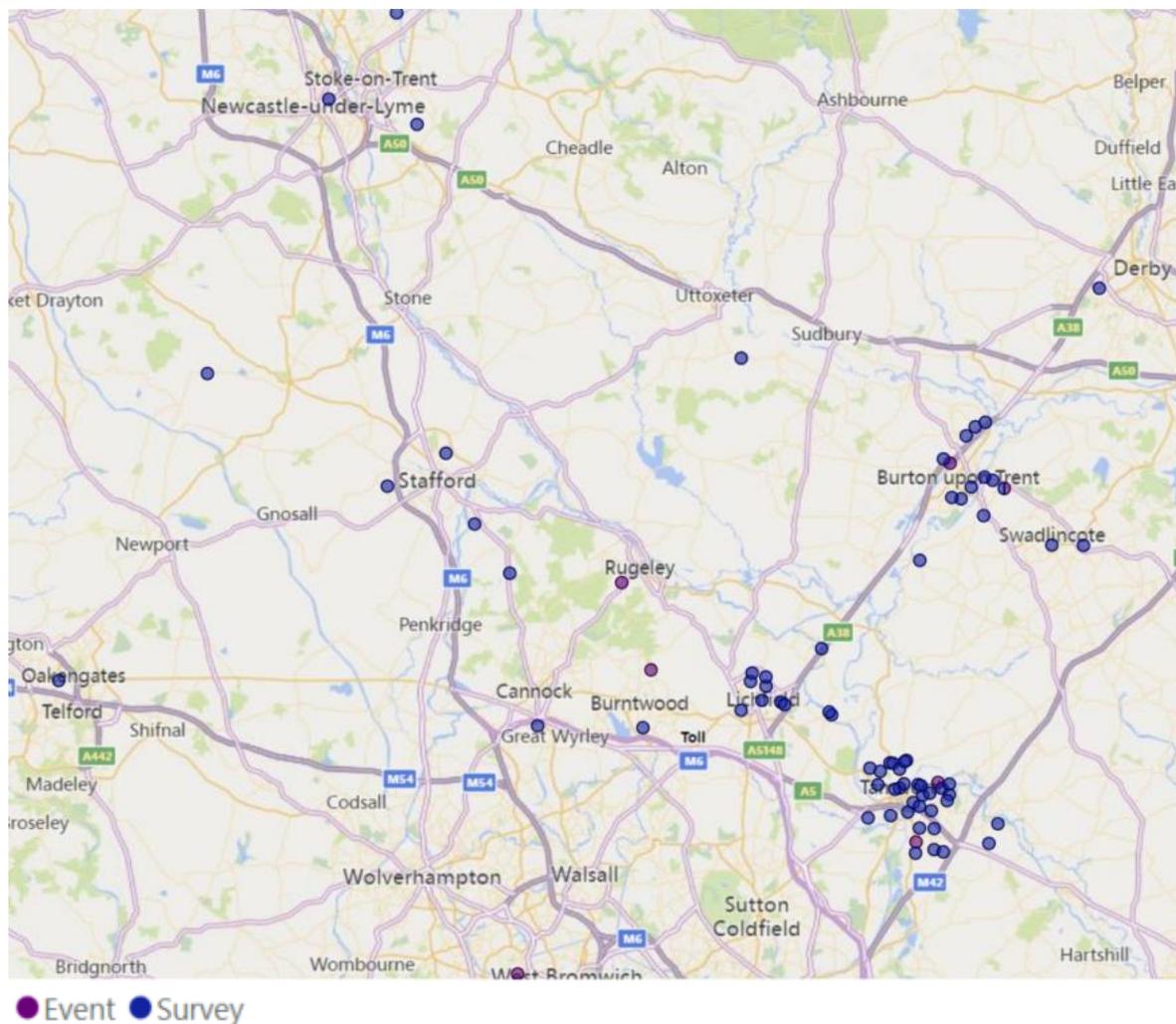
Demographic profiling (4)

Disability or long-term health condition	Survey		Events	
	No.	%	No.	%
Mental health need	19	28%	3	38%
Long-term illness	11	16%	2	25%
Physical disability	8	12%	1	13%
Sensory disability	3	4%	-	-
Learning difficulty or disability	1	1%	1	13%
Other	4	6%	-	-
Prefer not to say	23	33%	1	13%
<i>Base</i>	69		8	

Disability or long-term health condition limiting day-to-day activities	Survey		Events	
	No.	%	No.	%
No	53	67%	5	56%
Yes, limited a little	14	18%	2	22%
Yes, limited a lot	10	13%	2	22%
Prefer not to say	2	3%	-	-
<i>Base</i>	79		9	

Carer	Survey		Events	
	No.	%	No.	%
No	44	56%	5	56%
Yes: older person(s) aged over 50	14	18%	3	33%
Yes: person(s) aged under 24	11	14%	1	11%
Yes – person(s) aged 25–49	5	6%	-	-
Prefer not to say	8	10%	-	-
<i>Base</i>	79		9	

Location of respondents



CCG	Survey		Events	
	No.	%	No.	%
NHS South East Staffordshire and Seisdon Peninsula CCG	42	53%	4	44%
NHS East Staffordshire CCG	13	16%	2	22%
NHS Stafford and Surrounds CCG	5	6%	-	-
NHS Stoke-on-Trent CCG	2	3%	-	-
NHS Cannock Chase CCG	1	1%	1	11%
NHS North Staffordshire CCG	1	1%	-	-
NHS Derby and Derbyshire CCG	4	5%	-	-
NHS Warwickshire North CCG	2	3%	-	-
NHS Telford and Wrekin CCG	1	1%	-	-
NHS Sandwell and West Birmingham CCG	-	-	1	11%
No postcode provided	8	10%	1	11%
Postcode unable to be profiled	1	1%	-	-
<i>Base</i>	<i>80</i>		<i>9</i>	

Respondent type: survey

95%

Responding as an individual (for example a patient, member of the public or NHS employee) (76)

5%

Responding on behalf of an organisation (formal organisational response) (4)

Base: 80

As an individual responding to this questionnaire, which of the following best applies to you?



26%

User of mental health services
(20)



36%

Other member of the public
(27)



11%

Carer
(8)



22%

NHS employee
(17)



3%

From another public sector organisation
(2)



3%

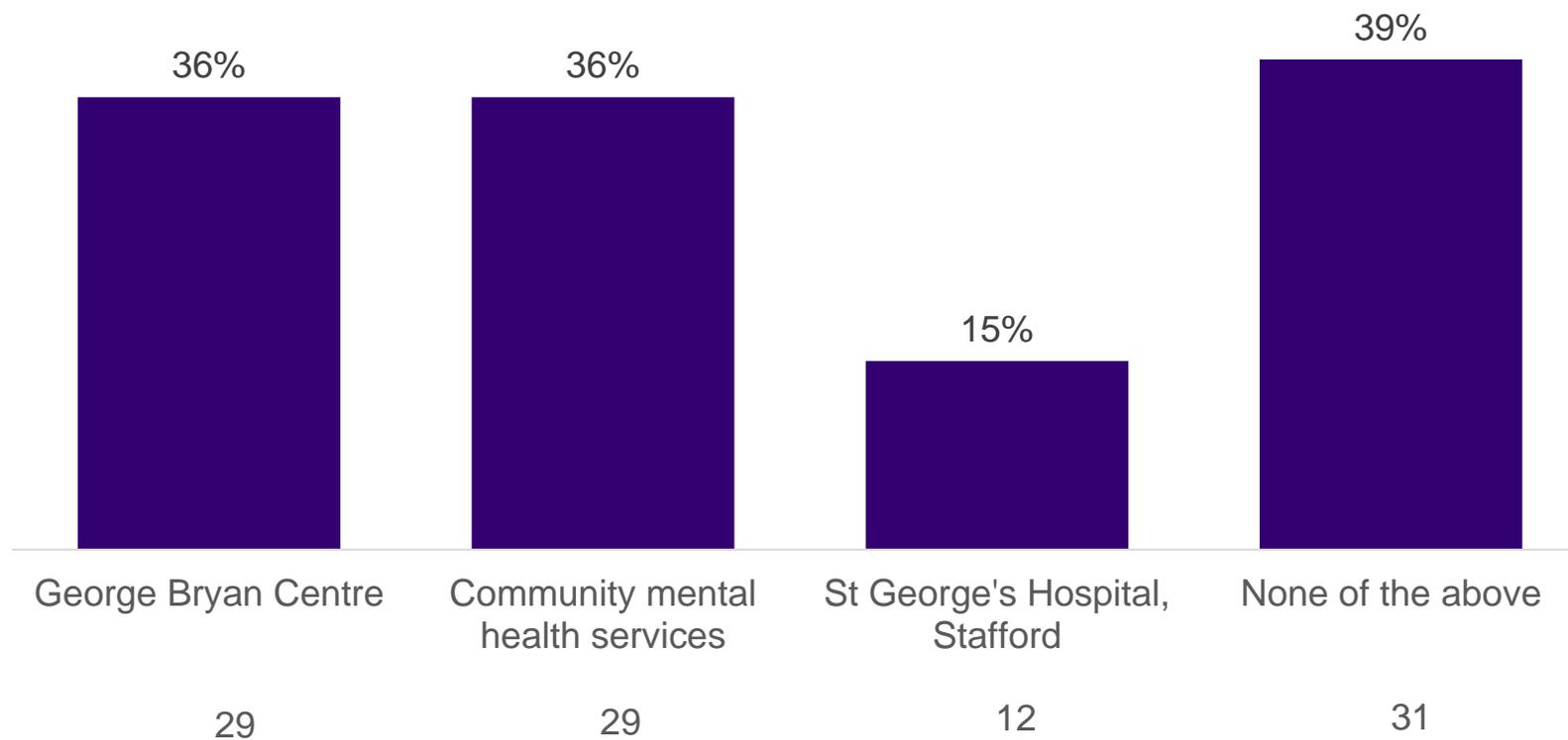
From a health-related group, charity or organisation
(2)

Base: 76

Organisations responding to the involvement

Survey	Events
Burton and District Mind	Combined Healthcare
Community Together CIC	Community Together CIC
Healthwatch Staffordshire	DPPG Cannock Chase
Midlands Partnership NHS Foundation Trust (MPFT)	East and South East Staffordshire CCG Patient Board
Sir Robert Peel Hospital	Healthwatch Staffordshire
The League of Friends of the Tamworth Hospitals	Lichfield District Council
The Rawlett School	Midlands Partnership NHS Foundation Trust
University Hospitals of Derby and Burton	South East Staffordshire and Seisdon Peninsula CCG
University of Birmingham	Tamworth Borough Council

Feedback on services



Which of the following mental health care services would you like to give feedback on? **Base: 80**



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Feedback on the George Bryan Centre



George Bryan Centre: respondent type

In what capacity did you experience the George Bryan Centre?



28%
As a member of staff (8)



31%
As a patient (9)



35%
As a carer or support
worker for a patient (10)



7%
As a provider of a service
to a patient (2)

Base: 29

During which period would you like to provide feedback on?



14% after March 2019

86% before and during March 2019

Base: 29

Which wing were you in?

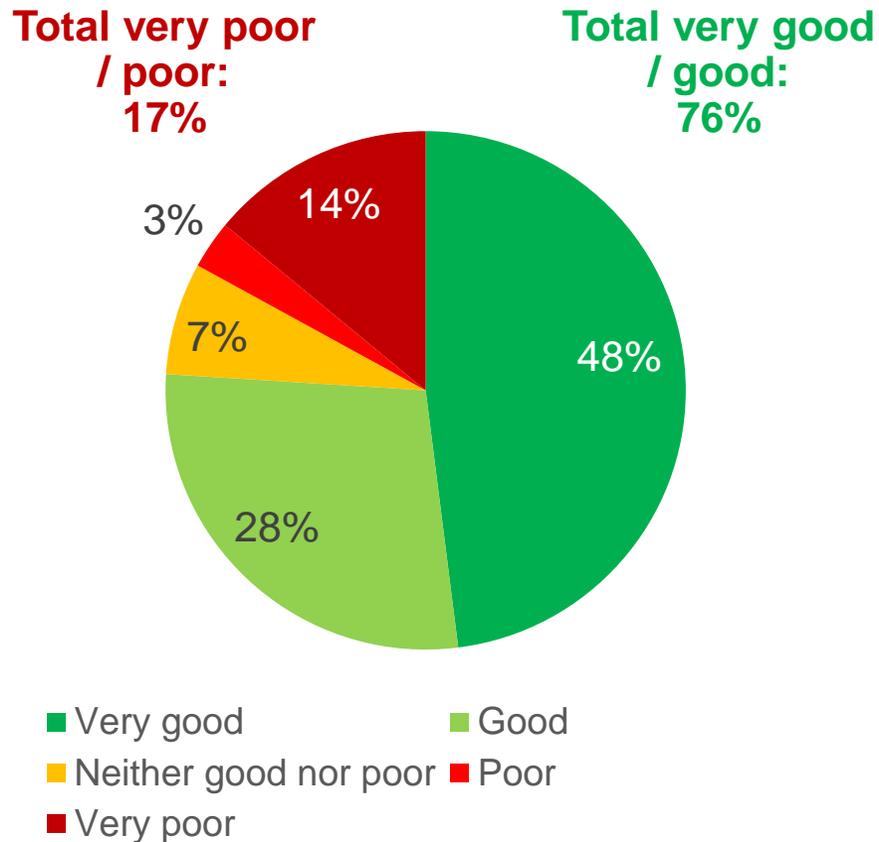


100% West (for under 65-year-olds)

Base: 9

George Bryan Centre ratings

Rate your experience of using the George Bryan Centre



Base: 29

Proportion rating very good / good

CCG area



Limited feedback from other CCG areas

Age



Service user type



Base: 4-18 (CCG area); 2-10 (Service user type); 4-17 (Age)



Experiences of the George Bryan Centre

What do you feel went well and what challenges did you face?

Main themes

Access

Estates and facilities

Food

General

Quality of care

Service provision

Staff

Key themes



Quality of care:
Quality of care was good (e.g. patient-centred)
(8 / 33%)



Staff:
Staff were supportive and caring
(7 / 29%)



Staff:
Staff were unhelpful (e.g. rude, didn't listen)
(7 / 29%)

5
positive
themes

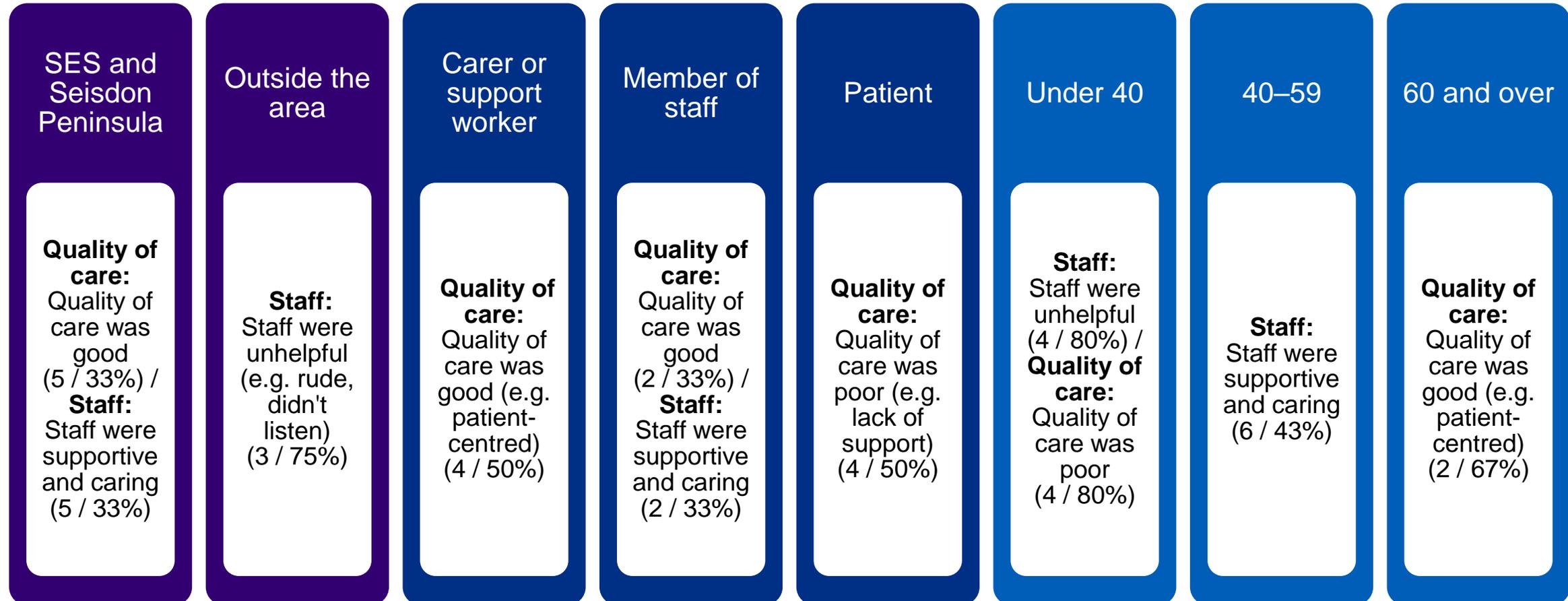
9
negative
themes

3
observation
themes

Base: 24

George Bryan Centre: top themes

What do you feel went well and what challenges did you face?
Top themes by CCG area, service user type and age



Limited themes for other CCG area and service providers. *Base: 4–15 (CCG area); 6–8 (Service user type); 3–14 (Age)*



George Bryan Centre: verbatims

*“West wing was already unfit for purpose prior to the fire Staff were rude and unhelpful
Management were shocking and obviously did not care”*
(NHS South East Staffordshire and Seisdon Peninsula CCG,
gender not indicated, 50–54 years)

*“My wife was poorly diagnosed and treated until she was admitted to The George Bryan Centre.
When she was discharged, she was under the care of the community team at Cherry Orchard House,
after that was closed down we were left on our own.”*
(NHS South East Staffordshire and Seisdon Peninsula CCG,
male, 70–74 years)

*“Superb care of a very close friend.
The GB team were beyond perfect”*
(NHS South East Staffordshire and Seisdon Peninsula CCG,
female, 55–59 years)

*“No communication from staff.
Unsafe premises for patients . Layout very poor.
communal areas poor and activities non existent.”*
(NHS Derby and Derbyshire CCG,
female, 30–34 years)

*“Member of family supported in George Bryan Centre.
Staff very good offering great support”*
(NHS South East Staffordshire and Seisdon Peninsula CCG,
male, 50–54 years)

*“Nothing I was left alone in the room til my time was up.
There was no engagement with me
and I don't want to leave my room”*
(NHS South East Staffordshire and Seisdon Peninsula CCG,
female, 35–39 years)

Tell us about your experience of using the George Bryan Centre. What do you feel went well and what challenges or issues did you face? **Base: 24**





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Feedback on St George's Hospital



St George's Hospital: respondent type

In what capacity did you experience St George's Hospital?



17%
As a member of staff (2)



58%
As a patient (7)



25%
As a carer or support worker for a patient (3)



0%
As a provider of a service to a patient (0)

Base: 12

During which period would you like to provide feedback on?



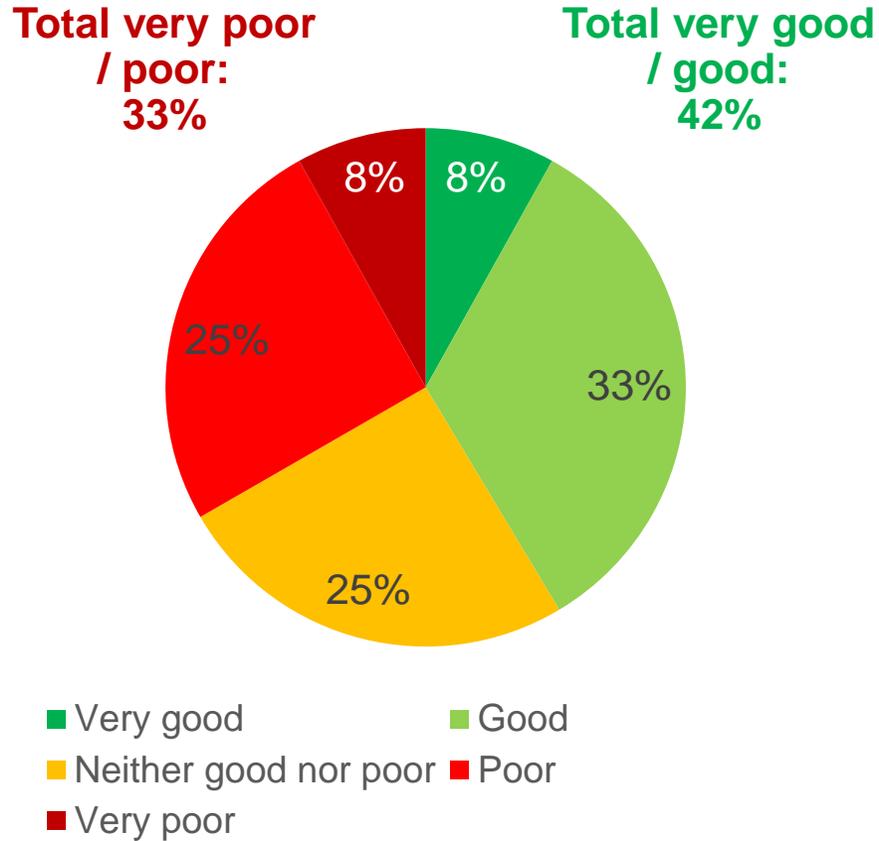
67% after March 2019

33% before and during March 2019

Base: 12

St George's Hospital ratings

Rate your experience of using St George's Hospital



Base: 12

Proportion rating very good / good

CCG area



Limited feedback from other CCG areas

Age



No feedback from respondents aged 60 and over

Service user type



Limited feedback from staff and service providers

Base: 6 (CCG area); 3-7 (Service user type); 4-6 (Age)

Experiences of St George's Hospital

What do you feel went well and what challenges did you face?

Main themes

Access

Communication

Estates and facilities

Quality of care

Service provision

Staff

Key themes



Communication:
Communication requires improvement
(5 / 50%)



Access:
St George's Hospital is not in an accessible location (e.g. too far)
(2 / 20%)



Staff:
Staff were caring
(2 / 20%)



Staff:
Staff were unhelpful
(2 / 20%)



Quality of care:
Quality of care was poor
(2 / 20%)



Service provision:
Lack of access to activities
(2 / 20%)

4

positive themes

7

negative themes

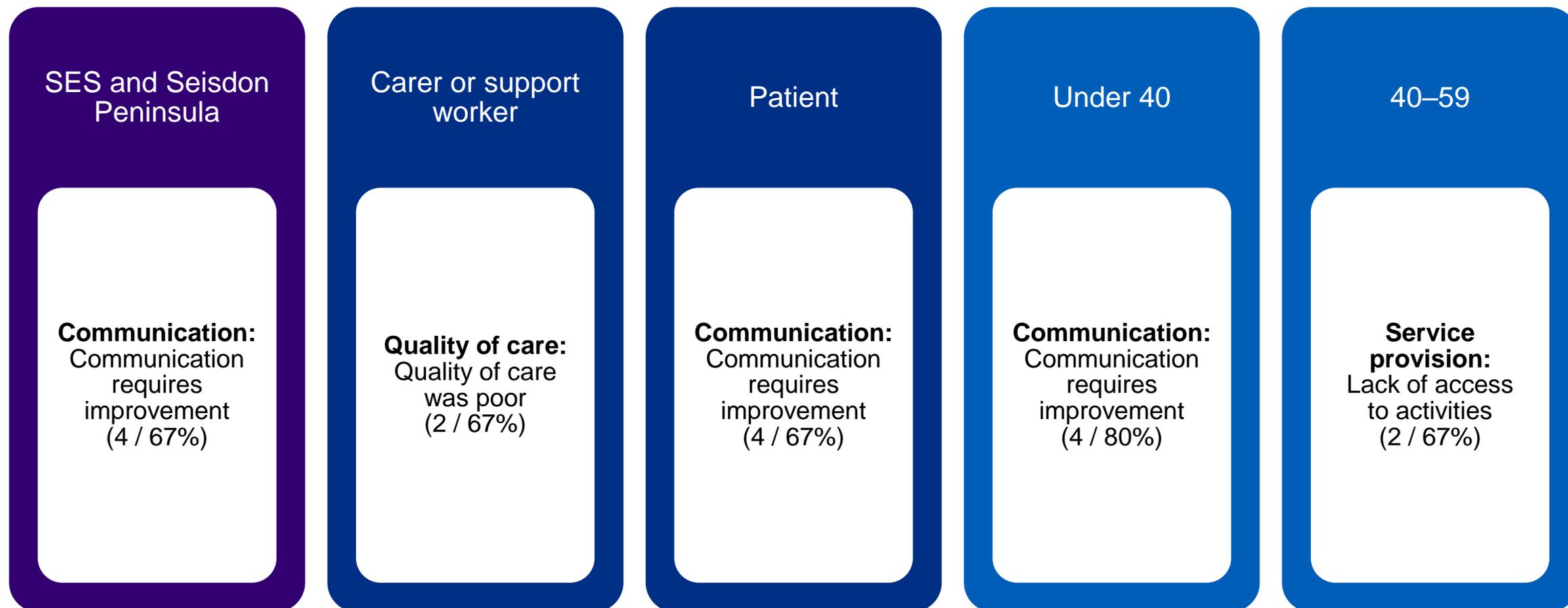
1

observation theme

Base: 10

St George's Hospital: top themes

What do you feel went well and what challenges did you face?
Top themes by CCG area, service user type and age



Limited themes for other CCG area, staff, service providers and respondents aged 60+. Base: 6 (CCG area); 3-6 (Service user type); 3-5 (Age)

St George's Hospital: verbatims

"I was ignored my bag was not searched so I could have my belongings I refused to engage them as they were disrespectful to me and left the next day"
(NHS South East Staffordshire and Seisdon Peninsula CCG, female, 35–39 years)

"Staff were unhelpful. Place was dirty. I understand it was due to covid restrictions, but had to isolate in 1 room for 5 days limited contact. This is actually used in some places as torture."
(NHS Coventry and Warwickshire CCG, female, 50–54 years)

"Very bad layout. Extremely hot communal areas. Sandwiches left out in the sun. Staff too busy with very ill patients to spend time with other patients requiring support. Patients rolling around on the floor. Distressing for visitors"
(NHS Derby and Derbyshire CCG, female, age not indicated)

"Access to required services on site Distance is a challenge"
(NHS South East Staffordshire and Seisdon Peninsula CCG, female, 55–59 years)

"I haven't even talked to any of the nurses there when I was a patient suffering major depression. They were always too busy. I know that as a NHS nurse, it could get overwhelming and very busy but they really don't talk to patients. They were like robots."
(NHS East Staffordshire CCG, female, 30–34 years)

Tell us about your experience of using St George's Hospital. What do you feel went well and what challenges or issues did you face? **Base: 10**



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Feedback on community mental health services



Community services: respondent type

In what capacity did you experience community health services?



10%
As a member of staff (3)



62%
As a patient (18)



24%
As a carer or support
worker for a patient (7)



3%
As a provider of a service
to a patient (1)

Base: 29

During which period would you like to provide feedback on?



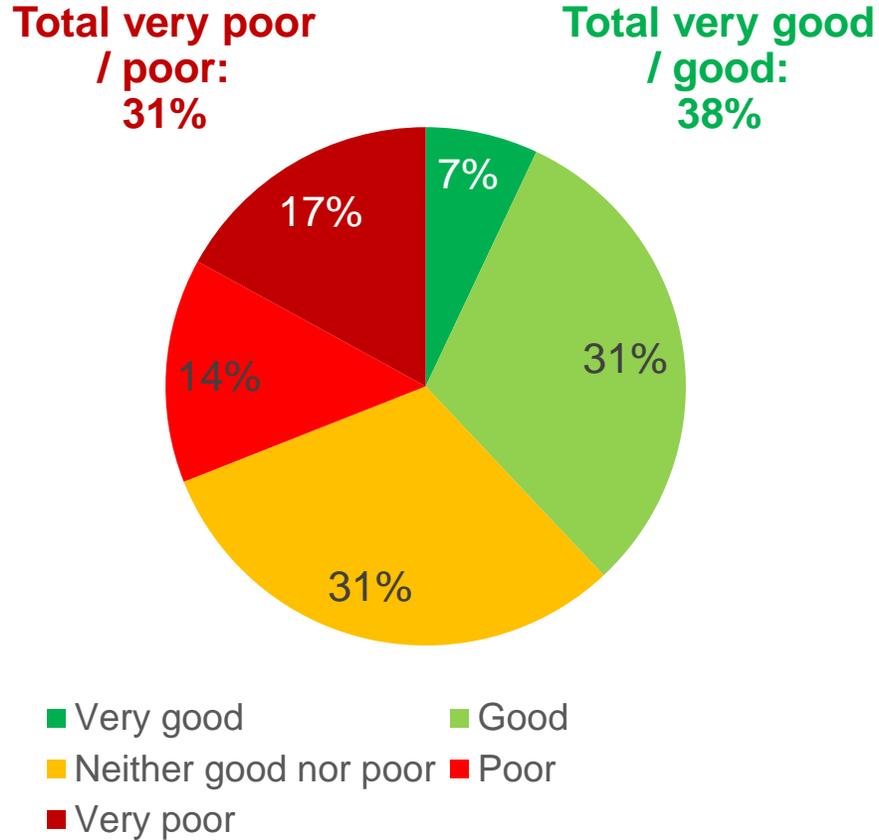
52% after March 2019

48% before and during March 2019

Base: 29

Community services ratings

Rate your experience of using the community services



Base: 29

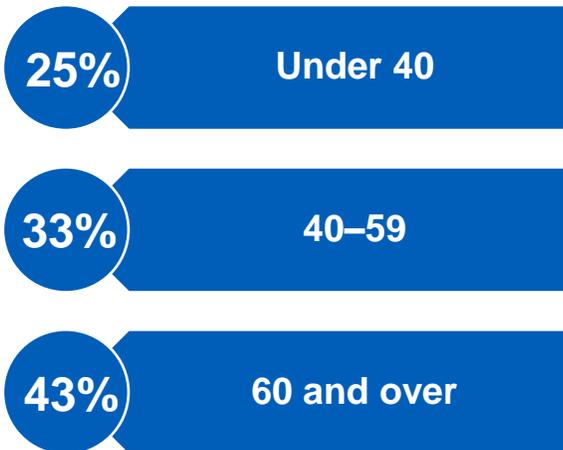
Proportion rating very good / good

CCG area



Limited feedback from other CCG areas

Age



Service user type



Limited feedback from service providers

Base: 5-15 (CCG area); 3-18 (Service user type); 7-9 (Age)



Experiences of community services

What do you feel went well and what challenges did you face?

Main themes

Access

Communication

COVID

Estates and facilities

General

Quality of care

Service provision

Specific groups

Staff

Key themes



Access:
Difficulty in
accessing mental
health services
(10 / 42%)



Quality of care:
Quality of care was
poor
(7 / 29%)



Quality of care:
Lack of continuity
of care following
discharge
(6 / 25%)

4

positive
themes

8

negative
themes

5

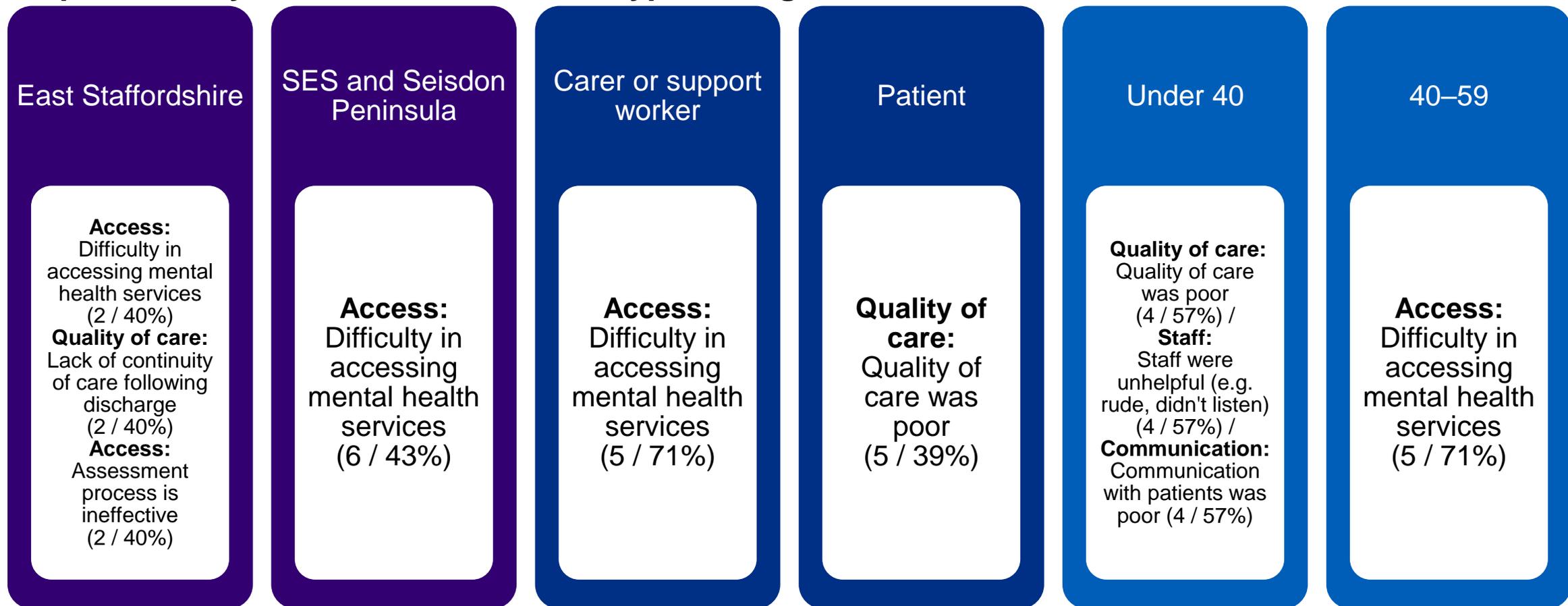
observation
themes

Base: 24

Community services: top themes

What do you feel went well and what challenges did you face?

Top themes by CCG area, service user type and age



Limited themes for other CCG areas, service providers and over 60s. Base: 5–14 (CCG area); 7–13 (Service user type); 7 (Age)



Community services: verbatims

“Constantly passed back and forward to people, not been listened to and didn’t get the help I needed”
(CCG area not indicated, female, 20–24 years)

“Difficult to access, took far too long”
(NHS South East Staffordshire and Seisdon Peninsula CCG, female, 55–59 years)

“Very difficult to access the services and often little continuity of care”
(NHS East Staffordshire CCG, gender not indicated, 55–59 years)

“My son has had 1 telephone check up since March 2020. He had a new diagnosis made out of area which hasn’t been followed up, no basic checks have been made like blood pressure let alone checks on his mental well-being.”
(NHS East Staffordshire CCG, male, age not indicated)

“Having worked in both inpatient and community the best place for treatment and support is in the persons own home especially those suffering dementia”
(NHS South East Staffordshire and Seisdon Peninsula CCG, female, 55–59 years)

“After the fire at George Bryan Centre the lack of a local inpatient facility put pressures on staff, oatients and relatives. The combined area of Staffordshire is too big to assist people with mental health challenges. It should revert back to local teams.”
(NHS South East Staffordshire and Seisdon Peninsula CCG, female, 65–69 years)

Tell us about your experience of using community mental health services. What do you feel went well and what challenges or issues did you face? **Base: 24**





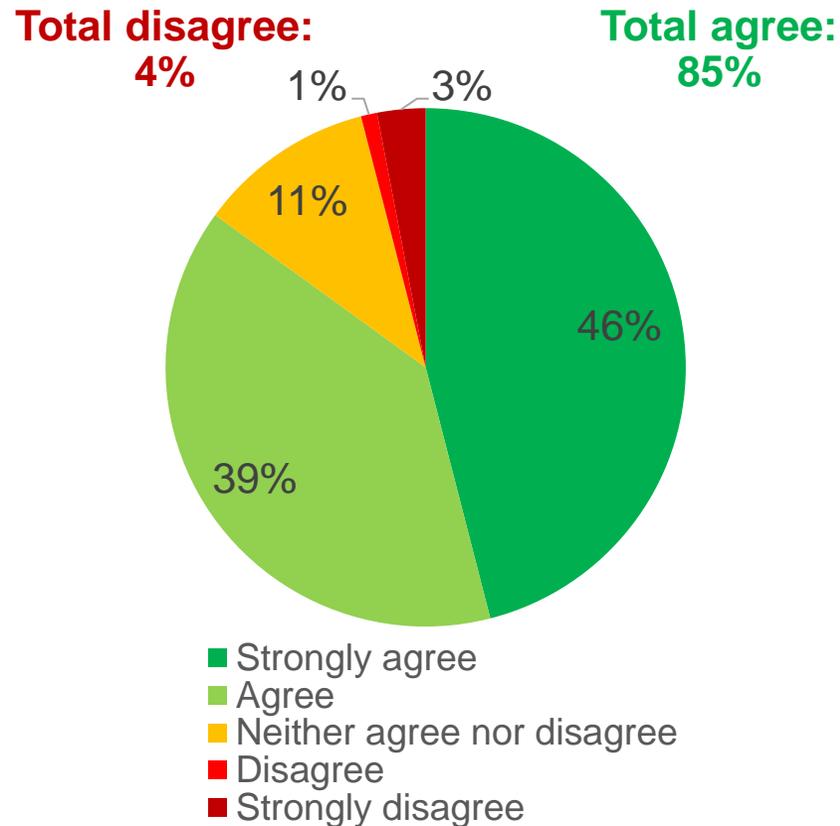
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Feedback on the model of care



Rating the model of care

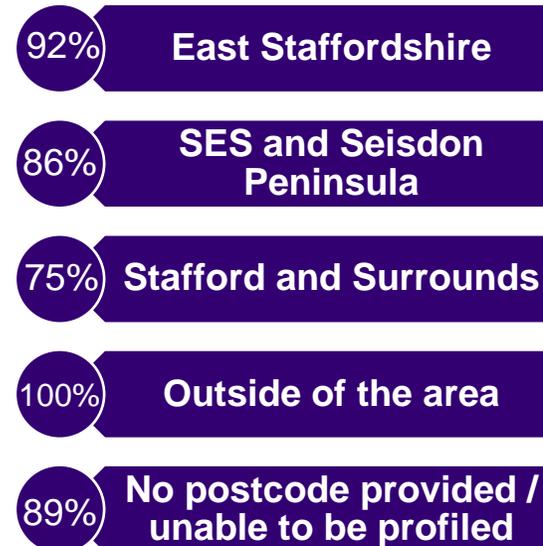
To what extent do you agree or disagree with these principles?



Base: 79

Proportion rating strongly agree / agree

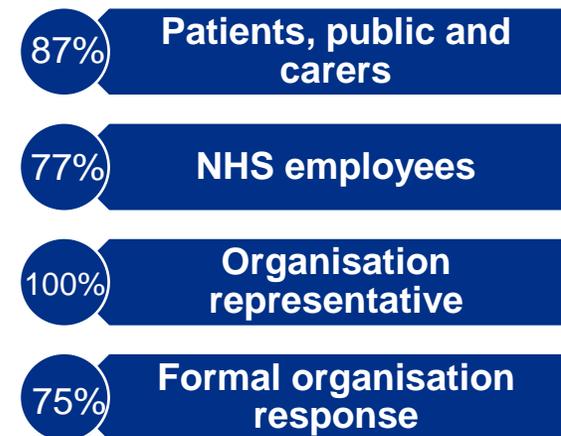
CCG area



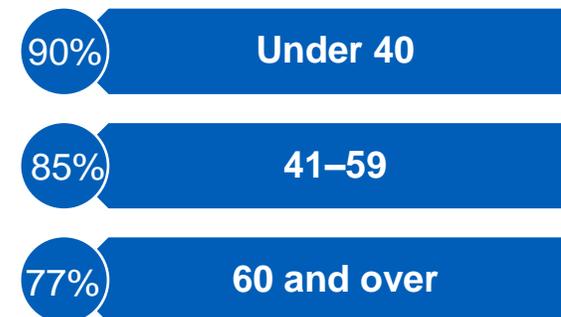
Limited feedback from other CCG areas

Base: 7-42 (CCG area); 4-54 (Respondent type); 17-33 (Age)

Respondent type



Age



Reasons for agreement / disagreement

Tell us why you agree or disagree with these principles

Main themes

Access

Communication

Cost and efficiency

Estates and facilities

General

Quality of care

Service provision

Specific groups

Staff

Key themes



General:

General agreement
with the principles
(19 / 38%)



Quality of care:
Principles will
improve quality of
care
(10 / 20%)



Cost and efficiency:
Consider the need
to implement the
principles
effectively
(9 / 18%)

3
agreement
themes

3
disagreement
themes

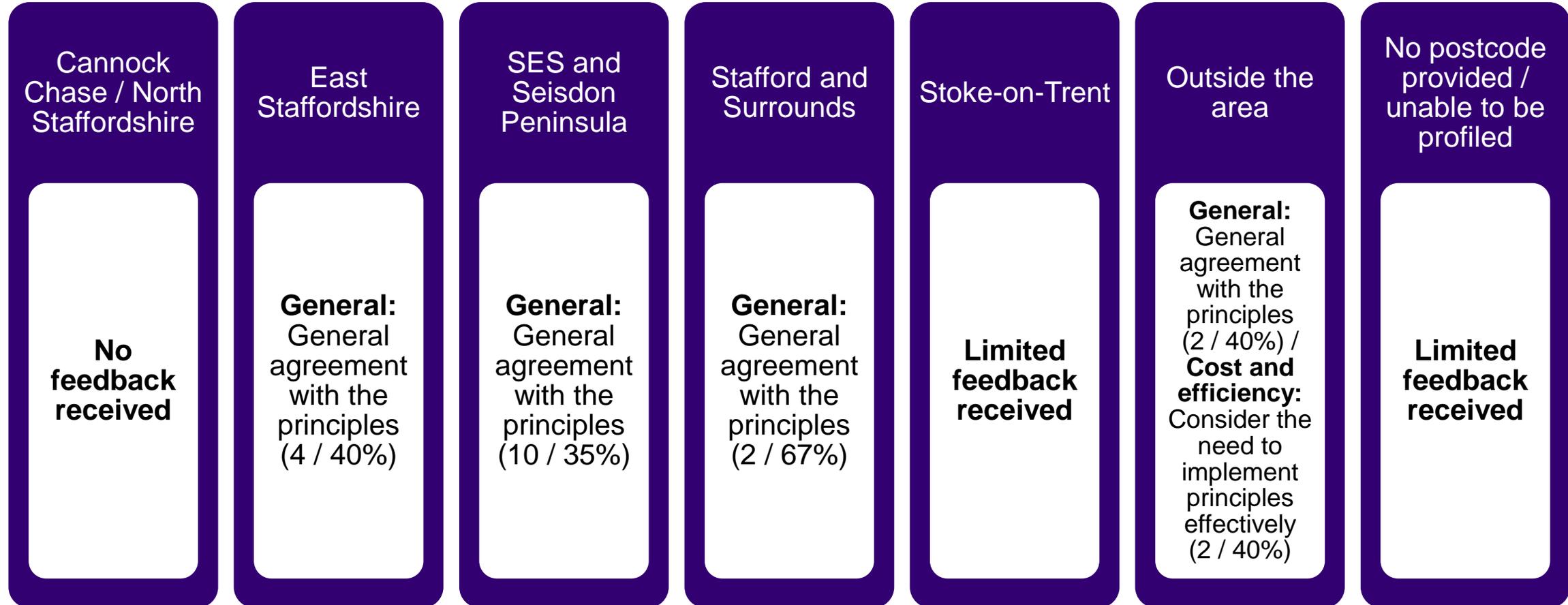
10
observation
themes

Base: 50

Reasons for agreement / disagreement

Tell us why you agree or disagree with these principles

Top themes by CCG area

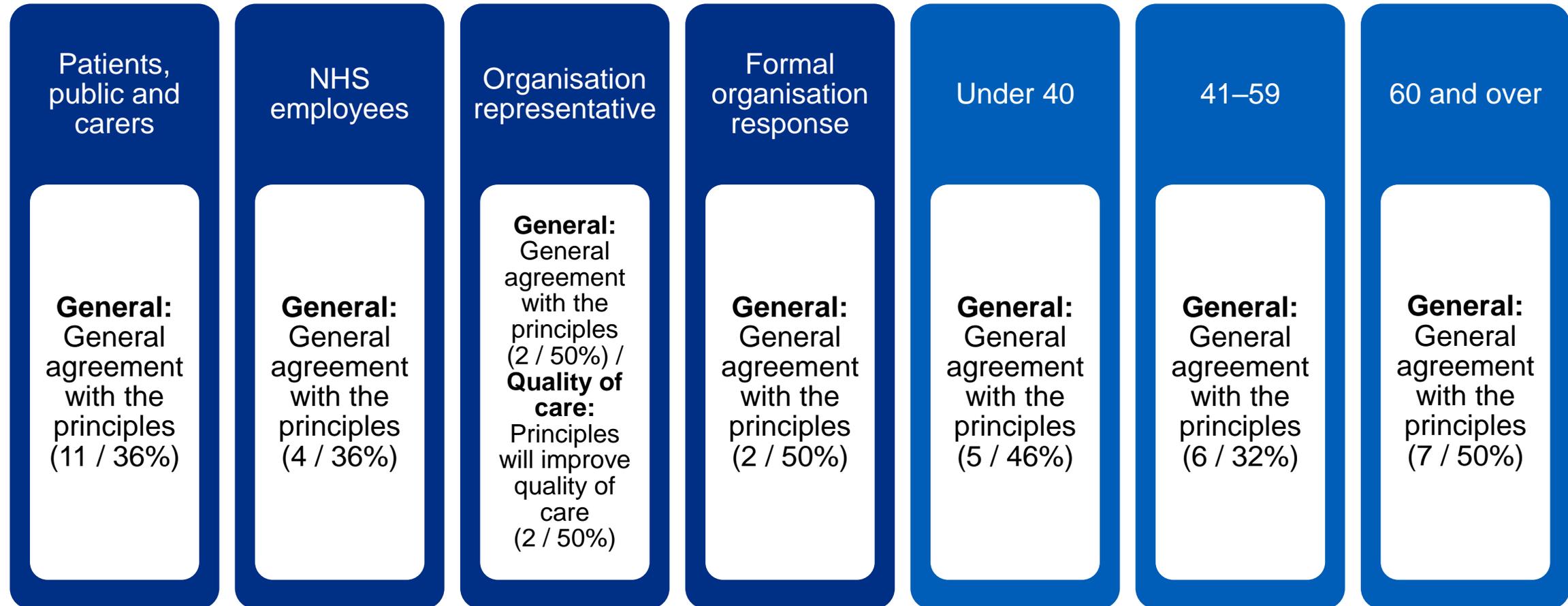


Base: 3–29

Reasons for agreement / disagreement

Tell us why you agree or disagree with these principles

Top themes by respondent type and age



Base: 4–31 (Respondent type); 11–19 (Age)

Reasons for agreement / disagreement: verbatims

“A joined up service that is tailored to your individual needs that can be accessed by the patient when needed. Mental health isn’t necessarily an illness that can be switched off”
(NHS South East Staffordshire and Seisdon Peninsula CCG, female, 55–59 years)

“Reducing the replication of story telling will reduce the re-traumatisation of the client and allow for quicker and more targeted treatments.”
(NHS South East Staffordshire and Seisdon Peninsula CCG, female, 30–34 years)

“All of the above has got to be an advantage and benefit to the service user. However, placing all this on a piece of paper does not achieve the final objectives in the Tamworth area. The objective must be to ‘walk the walk’ and not simply ‘talk the talk’.”
(NHS South East Staffordshire and Seisdon Peninsula CCG, gender not indicated, 55–59 years)

“Throughout the six years that I have cared for my wife I have felt isolated and not always clear in terms of her treatment and the support available. Services are not joined up and there are gaps in the provision of support for people with dementia.”
(NHS South East Staffordshire and Seisdon Peninsula CCG, male, age not indicated)

“The principles sound great, however I don't think they happen in reality, from what patients regularly feedback”
(NHS Derby and Derbyshire CCG, female, 40–44 years)

“Lack of communication. A central hub does not work for all concerned”
(NHS South East Staffordshire and Seisdon Peninsula CCG, female, 65–69 years)

Tell us why you agree or disagree with these principles. **Base: 50**



Ideas or suggestions

Do you have any other ideas or suggestions about how we could provide mental health services in the future which we can use to help shape this model?

Main themes

- Access
- Communication
- Cost and efficiency
- Estates and facilities
- General
- Integration
- Quality of care
- Service provision
- Specific groups
- Staff
- Technology

Key themes



Staff:

Consider the need for adequate staffing
(e.g. trained staff, improved pay)
(14 / 31%)



Access:

Consider the need for access to care
locally (e.g. through GPs)
(6 / 13%)



Communication:

Consider improving the levels of
communication between staff and
patients
(8 / 18%)



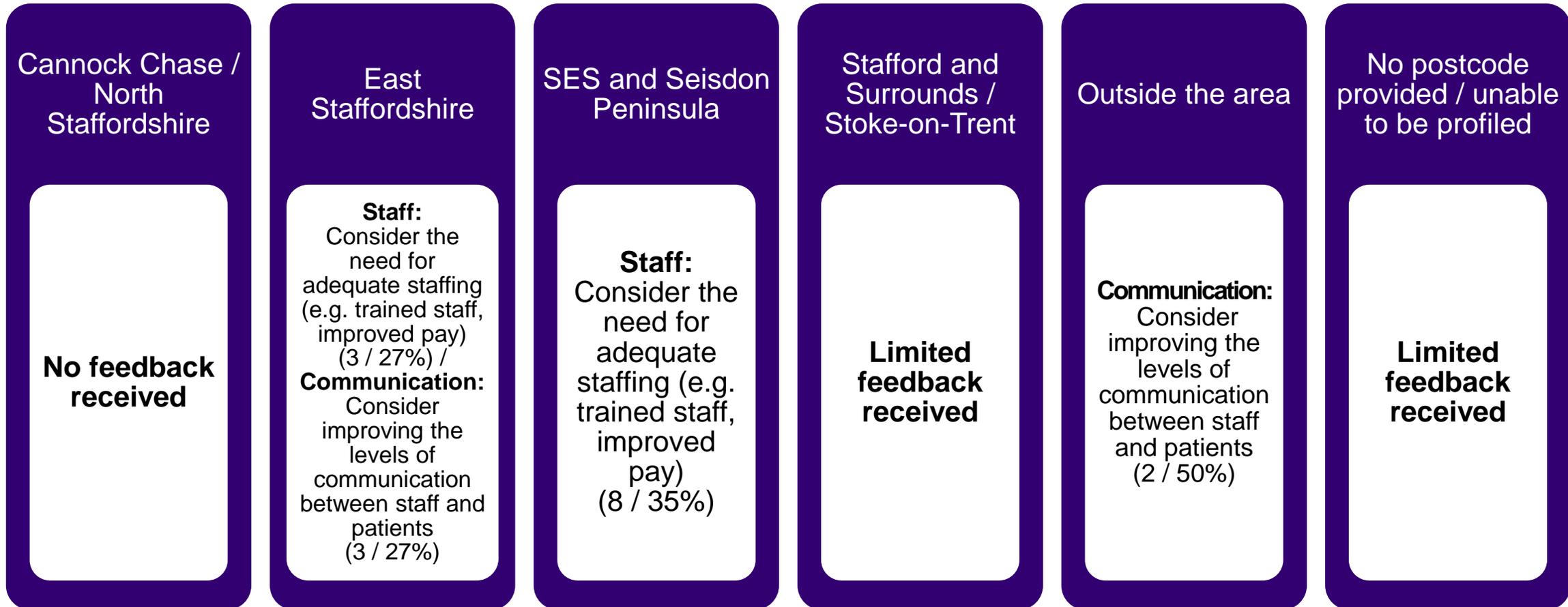
Quality of care:

Consider the need to improve
quality of care
(6 / 13%)

Base: 45

Ideas or suggestions

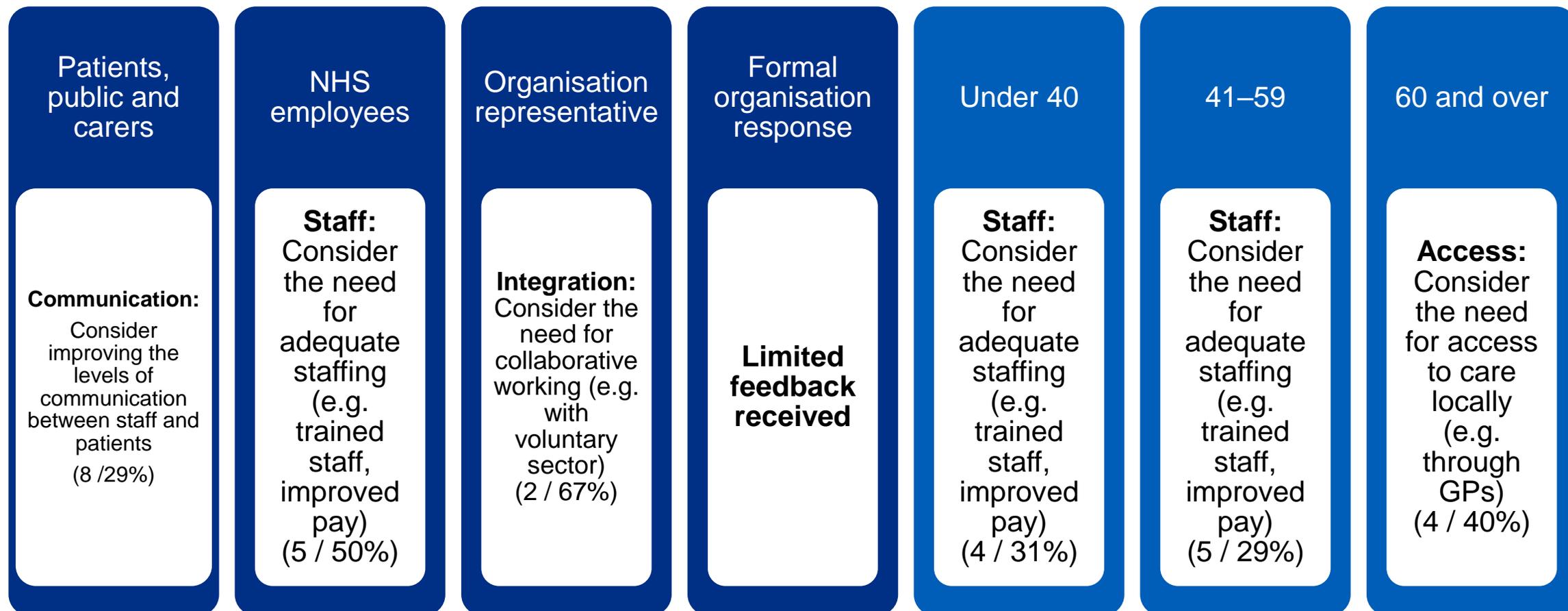
Do you have any other ideas or suggestions about how we could provide mental health services in the future which we can use to help shape this model? Top theme by CCG



Base: 4-23

Ideas or suggestions

Do you have any other ideas or suggestions about how we could provide mental health services in the future which we can use to help shape this model? Top theme by respondent type and age



Base: 3–28 (Respondent type); 10–17 (Age)

Ideas and suggestions: verbatims

“Money needs to be invested in rebuilding the George Bryan Centre. However, not in its previous form. It needs to be a HUB of excellence covering all aspects of the support required for the well being of mental health patients.”
(NHS South East Staffordshire and Seisdon Peninsula CCG, gender not indicated, 65–69 years)

“In south Staffordshire we need: at least one Admiral Nurse; a daycare facility dedicated to supporting people with dementia; an an increase in the support for people being cared for at home.”
(NHS South East Staffordshire and Seisdon Peninsula CCG, male, age not indicated)

“Involve Patient Experts before decision are made.”
(NHS East Staffordshire CCG, female, 75–79 years)

“more groups that are art /craft therapy based rather than cbt etc . respite beds /houses .Sometimes you need to have a safe space that is not at home without needing proper admission - a breathing space .”
(NHS Stafford and Surrounds CCG, female, 55–59 years)

“Take urgent mental care out of hospitals and into small community centres, somewhere where a patient with an urgent condition can walk in and be seen.”
(NHS South East Staffordshire and Seisdon Peninsula CCG, male, 70–74 years)

“Funding probably so that staff aren't at breaking point and to frustrated to support people. It feels like at the moment mental health services are not there to serve patients.”
(NHS Stoke-on-Trent CCG, female, 35–39 years)

Do you have any other ideas or suggestions about how we could provide mental health services in the future which we can use to help shape this model? **Base: 46**





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Feedback from the events



Experiences and ideas: key themes



Reinstate George Bryan Centre services



Mixed feedback on care during pandemic



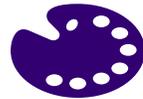
Need to improve access to care



Need to ensure adequate staffing



Need to ensure that stakeholder feedback is considered



Consider provision of non-medical services (e.g. art therapy, finance)



Need to increase provision of dementia services



Consider the role of family and carers in supporting patients



Consider role of voluntary sector



Need to have access to care locally



Consider preventative services



Good discharge process and support

Experiences and ideas: detailed feedback

14 October

- Care was person-centred
- Community-based services worked well
- A&E crisis team provided good quality of care
- Staff were professional and enthusiastic
- Services provided during lockdown were good
- Agreement with plans for community services
- Consider improving inpatient services
- Concern over poor communication between mental health services and GPs
- Communication between staff and service users should be improved
- Concern that stakeholder feedback has not been considered
- Need to improve adult autism services
- Concern over poor quality of community-based services
- Consider the need to support carers/family members of mental health patients
- Consider provision of non-medical support (e.g. housing, debts, life skills)
- Need appropriate staffing (e.g. fewer bank staff)
- Access to diagnosis for people with dementia was difficult during pandemic
- George Bryan Centre should be used as base for charities and mental health teams
- Need to improve access to primary care services
- Concern over increased staff workload and adjustment to remote working
- Discharge process was well organised with support available
- Greater integration with charities is needed
- Consider providing a community hub to connect inpatient and community services
- Consider the need for preventative services
- More mental health support is needed
- Community psychiatric nurses are required in GP practices
- Horninglow Clinic needs updating

18 October

- Concern over poor services during pandemic
- Services should be provided locally in the community
- Concern over travel to St George's Hospital (e.g. poor transport links)
- George Bryan Centre provided good services that should be reinstated
- Location of the George Bryan Centre is accessible
- George Bryan Centre should be extended to incorporate more local services
- Impact of travelling on health should be considered
- Concern over travelling cost to services
- Consider population size
- Lack of services for patients with dementia (e.g. admiral nurses, day care)
- St George's Hospital provided good quality of care
- Access to alternative therapies was available at the George Bryan Centre (e.g. art therapy)
- Need to improve access to mental health support before crisis
- George Bryan Centre provided poor quality of care
- Greater carer / family involvement is needed to improve patient outcomes
- Lack of alternatives to the George Bryan Centre
- Need for further consultation with service users regarding service provision
- Need to improve quality of mental health care to reflect patient needs
- Need for clear pathway on how to reach mental health support

Views on the model of care: key themes



Positive feedback on model of care



Need to implement new model effectively



Further consultation is required



Ensure equitable access to mental health services



Need to improve the quality of mental health care



Improve the transition from child to adult services



Greater information about support available is required



Consider provision of activities and non-medical support



Consider dementia services



Ensure collaboration between services



Improve access to mental health support



Need to ensure adequate staffing

Feedback on the model of care

14 October

- Agreement with new model
- Ensure integration and collaborative working
- Need to implement new model effectively
- Consider provision of wide range of activities (e.g. alternative therapies, reiki, yoga, massage)
- Ensure care is patient-centred
- Need for greater integration between community and mental health services
- Need for information about mental health support available and how to access it
- Consider increased population size of areas
- Ensure appropriate staffing without relying on bank staff
- Consider elderly people and patients with dementia
- Need for non-medical support (e.g. shopping)
- Improve the transition from child to adult services
- Need for further consultation with service users
- Transformation planning should involve all stakeholders (e.g. GPs, local authorities, voluntary sector)
- Consider needs of carers
- Need for equal access to mental health support (e.g. no postcode lottery)
- Positive about patient involvement in discussion of personal care plans
- Need for appropriate communication and collaboration between all stakeholders
- Need for continuity and consistency of mental health support (e.g. ongoing support)
- New model will help to reduce pressure on other services (e.g. free up GPs)
- Need to reduce discrimination against people with mental health problems
- Mental health services should be accessible for everyone
- New model offers holistic care.

18 October

- Need to improve quality of mental health care
- Need to implement new model effectively
- Consider greater utilisation of community facilities to provide mental health support
- Mental health patients require help of professional staff not police
- More details are required
- Waiting times are too long
- Need to access mental health support out of hours
- Greater information about mental health support available is required
- Greater integration between healthcare services is required
- More centres like George Bryan are needed (e.g. in the south of the county)
- Concern over lack of day care and admiral nurses
- Concern over disjointed service provision for patients with dementia
- George Bryan Centre should be used to bring services together



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Summary



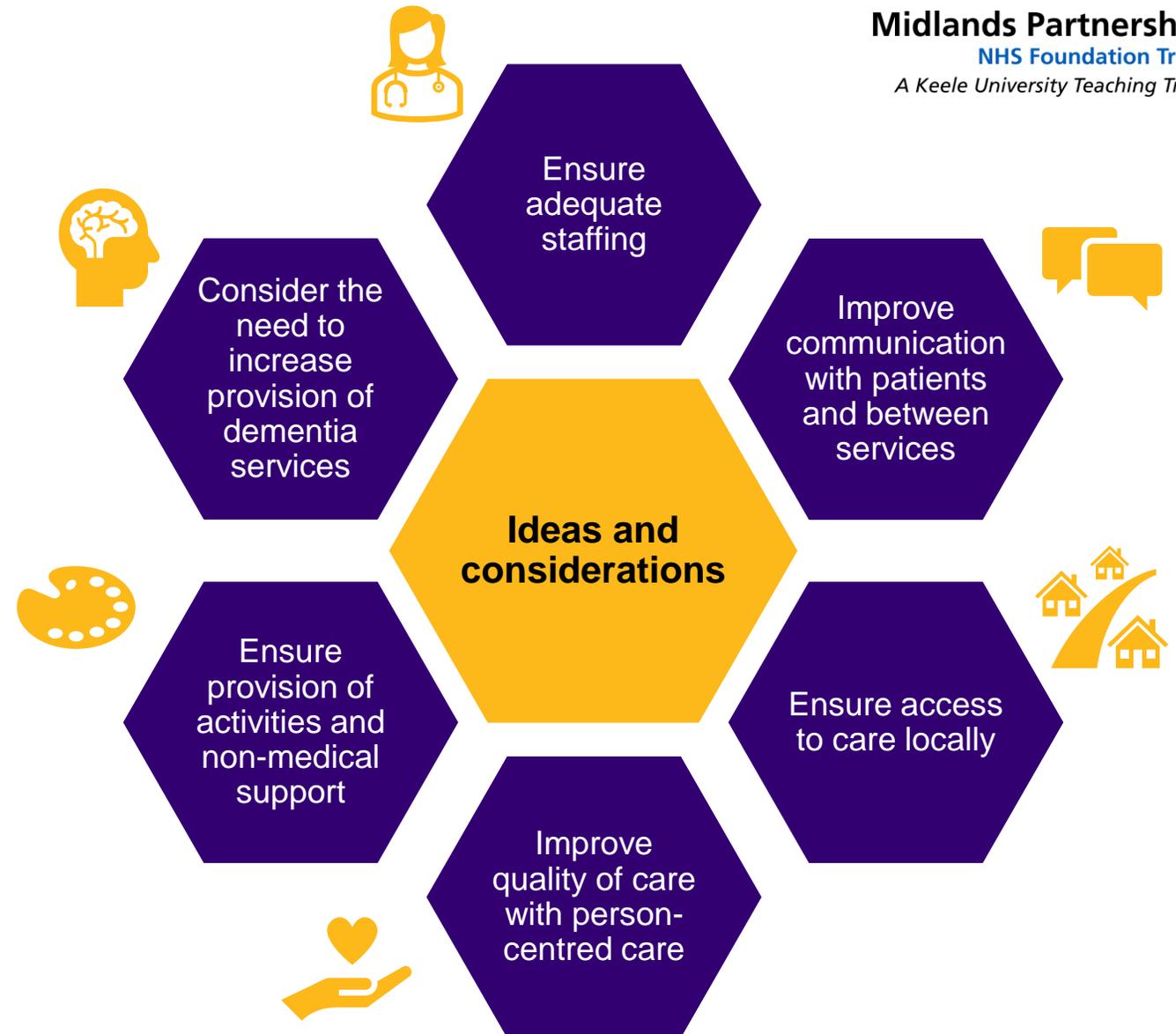
Summary

Experiences of services

- Quality of care was good at George Bryan Centre
- Difficulty in accessing mental health services
- Communication requires improvement
- Mixed feedback on care during pandemic

Views on the model of care

- Agreement with the model and principles
- Need to implement the model effectively
- Need further consultation about changes





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Appendix



Experience of the George Bryan Centre

Sentiment	Specific themes	Code	Count
Positive	Quality of care	Quality of care was good (e.g. patient-centred)	8
Positive	Staff	Staff were supportive and caring	7
Negative	Staff	Staff were unhelpful (e.g. rude, didn't listen)	7
Negative	Quality of care	Quality of care was poor (e.g. lack of support)	6
Positive	Access	The George Bryan Centre is in an accessible location (e.g. local)	5
Observation	Quality of care	Consider the need for support in a crisis	4
Negative	Service provision	Lack of access to activities (e.g. art room)	4
Positive	Estates and facilities	The building provided a welcoming and therapeutic environment	3
Negative	Estates and facilities	The building was not fit for purpose (e.g. poor layout)	3
Negative	Staff	Not enough staff to meet patient needs	3
Negative	Quality of care	Lack of care and support following discharge	2
Negative	Staff	Lack of support available for staff	1
Negative	Food	The food given to patients was poor	1
Negative	Access	The George Bryan Centre was not accessible for patients and family members (e.g. lack of public transport)	1
Observation	Access	Consider the need to reduce waiting times during admission	1
Observation	Service provision	Consider using the George Bryan Centre as a community mental health support hub	1
Positive	Service provision	Activities provided were good (e.g. craft, running)	1
	General	Other	1

Tell us about your experience of using George Bryan Centre. What do you feel went well and what challenges or issues? **Base: 24**



Experience of St George's Hospital

Sentiment	Specific themes	Code	Count
<i>Negative</i>	Communication	Communication requires improvement	5
<i>Positive</i>	Staff	Staff were caring	2
<i>Negative</i>	Quality of care	Quality of care was poor	2
<i>Negative</i>	Access	St George's Hospital is not in an accessible location (e.g. too far)	2
<i>Negative</i>	Staff	Staff were unhelpful	2
<i>Negative</i>	Service provision	Lack of access to activities	2
<i>Positive</i>	Communication	Communication with patients and family members was good	1
<i>Positive</i>	Quality of care	Quality of care was good	1
<i>Negative</i>	Estates and facilities	The building is not fit for purpose (e.g. poor layout)	1
<i>Negative</i>	Staff	Not enough staff to meet patient needs	1
<i>Observation</i>	Estates and facilities	Consider the need for single-sex facilities	1
<i>Positive</i>	Estates and facilities	The building provided good facilities	1

Tell us about your experience of using St George's Hospital. What do you feel went well and what challenges or issues did you face? **Base: 10**



Experience of community services

Sentiment	Specific themes	Code	Count
Negative	Access	Difficulty in accessing mental health services	10
Negative	Quality of care	Quality of care was poor	7
Negative	Quality of care	Lack of continuity of care following discharge	6
Negative	Staff	Staff were unhelpful (e.g. rude, didn't listen)	5
Negative	Access	Assessment process is ineffective	4
Negative	Communication	Communication with patients was poor	4
Negative	Access	Long waiting times to access the service	3
Positive	Quality of care	Quality of care was good	2
Positive	Staff	Staff were helpful and supportive	2
Positive	Access	Waiting times were short	1
Observation	Estates and facilities	Consider reopening the George Bryan Centre	1
Observation	Access	Need more localised services	1
Observation	COVID	Consider the need for face-to-face care	1
Observation	Specific groups	Consider the needs of dementia patients (e.g. care at home)	1
Positive	Estates and facilities	Services were accessible locally	1
Observation	Quality of care	Maternal mental health services require improvement	1
Negative	Service provision	Concern over loss of services (e.g. Together for Mental Health)	1
	General	Other	1

Tell us about your experience of using community mental health services. What do you feel went well and what challenges or issues did you face? **Base: 24**



Feedback on the model of care

Reasons for agreement / disagreement

Sentiment	Specific themes	Code	Count
Agreement	General	General agreement with the principles	19
Agreement	Quality of care	Principles will improve quality of care	10
Observation	Cost and efficiency	Consider the need to implement the principles effectively	9
Observation	Access	Consider the need to improve access to mental health services	8
Observation	Communication	Consider the need to improve communication	8
Observation	Cost and efficiency	Consider the need for more joined-up working	7
Observation	Quality of care	Consider the need to improve quality of care	2
Disagreement	Service provision	Concern over the closure of the George Bryan Centre reducing service provision	2
Observation	Specific groups	Consider the needs of vulnerable patients (e.g. who cannot be cared for at home, dementia)	2
Observation	Cost and efficiency	Consider the need for adequate resources to implement principles	2
Agreement	Access	Principles will improve access to care	2
Disagreement	Cost and efficiency	A central hub will reduce service efficiency	2
Observation	Quality of care	Consider the need for improved continuity of care (e.g. after discharge)	2
Disagreement	Cost and efficiency	Concern that principles will involve privatisation of NHS services	1
Observation	Staff	Consider the need for adequate staffing	1
Observation	Estates and facilities	The George Bryan Centre should be demolished	1
	General	Other	2

Tell us why you agree or disagree with these principles. **Base: 50**

Feedback on the model of care

Other ideas or suggestions

Sentiment	Specific themes	Code	Count
Observation	Staff	Consider the need for adequate staffing (e.g. trained staff, improved pay)	14
Observation	Communication	Consider improving the levels of communication between staff and patients	8
Observation	Access	Consider the need for access to care locally (e.g. through GPs)	6
Observation	Quality of care	Consider the need to improve quality of care	6
Observation	Access	Consider simplifying the access to services for patients	4
Observation	Cost and efficiency	Consider the need for greater investment in mental health services (e.g. more beds)	4
Observation	Estates and facilities	Consider rebuilding the George Bryan Centre	3
Observation	Service provision	Consider greater provision of therapies and interventions (e.g. psychological therapies)	3
Observation	Access	Consider greater access to mental health assessments	3
Observation	Communication	Further consultation with patients and the community is required	2
Observation	Quality of care	Consider improving discharge process (e.g. aftercare)	2
Observation	Technology	Consider the use of video calls (e.g. instead of telephone)	2
Observation	Integration	Consider the need for collaborative working (e.g. with voluntary sector)	2
Observation	Specific groups	Consider the needs of vulnerable patients (e.g. patients with disabilities, dementia)	2
Observation	Service provision	Consider provision of art and craft therapy	1
Observation	Quality of care	Consider taking care of physical and mental health together	1
Observation	Integration	Electronic patient records should be accessible in social and health care	1
Observation	Access	Consider widening access to services at the George Bryan Centre (e.g. walk-in, all ages)	1
Observation	Quality of care	Consider the need to improve maternal mental health services	1
Observation	Service provision	Consider the need for preventative services	1
Observation	Estates and facilities	Consider utilising existing NHS estate (e.g. Geoffrey Hodges Building)	1
	General	Other	4

Do you have any other ideas or suggestions about how we could provide mental health services in the future which we can use to help shape this model? **Base: 46**

