

# 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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NHS Foundation Trust  
*A Keele University Teaching Trust*

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Summary of findings





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# Introduction and background



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# 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.

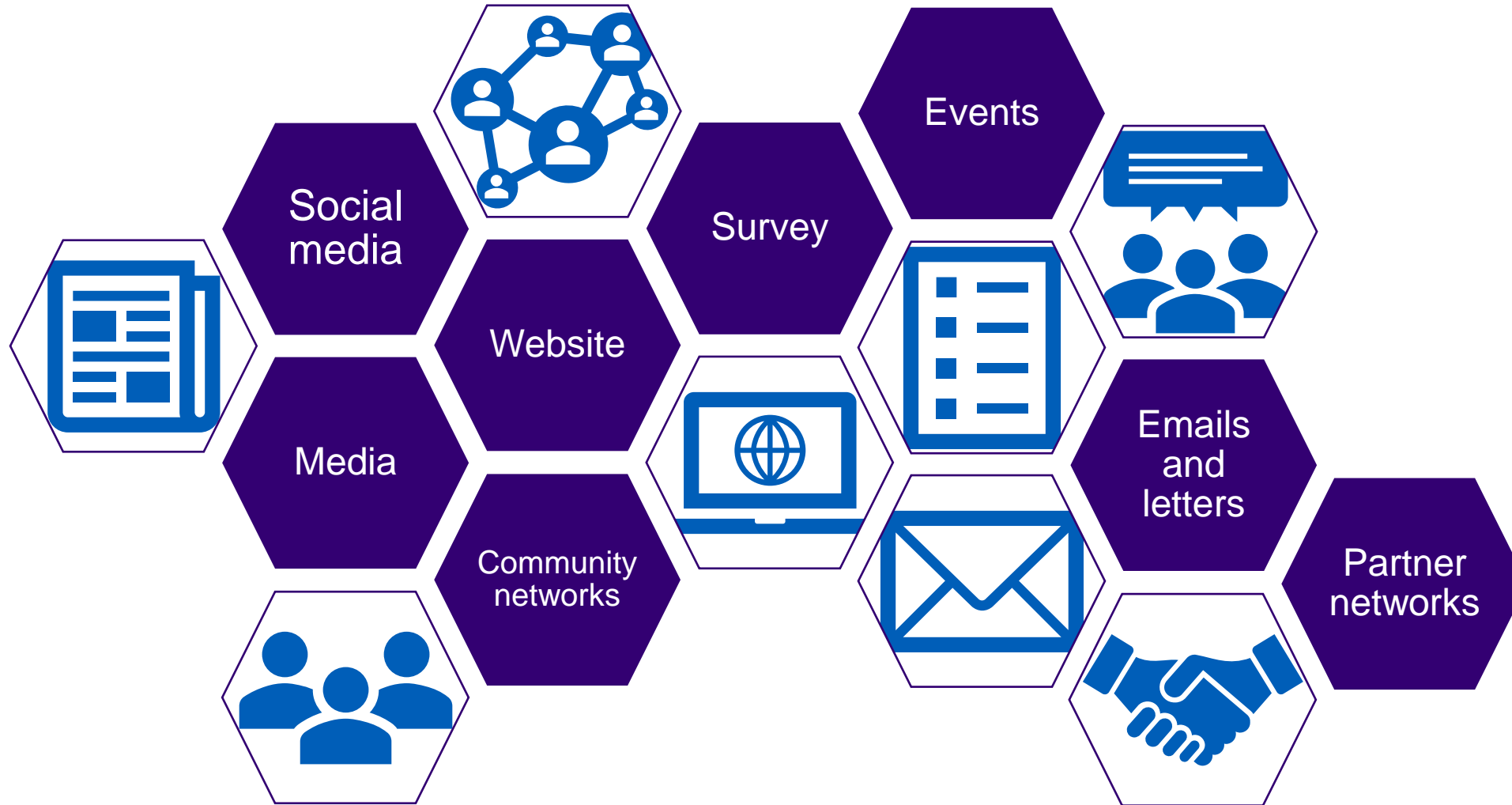


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# Communications and engagement



# 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.



TOGETHER  
WE'RE BETTER  
Transforming health and care for  
Staffordshire & Stoke-on-Trent

**NHS**  
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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**

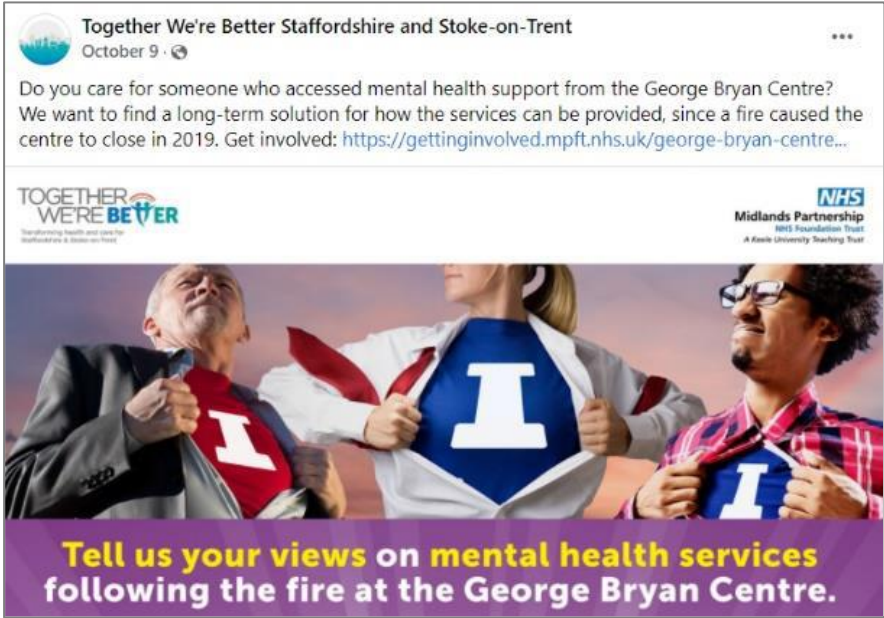


# Social media

- 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.

Twitter			Facebook		
39 posts	14 likes	23 retweets	15 posts	1 like	11 shares

## Social media advert



Clicks	Reach	Impressions
980	53,809	182,223



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# Reporting methodology



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# 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 have been high and dry moments. I should have got...

Travel shouldn't be an issue if you need to access services. They need to be close to the community, especially in Tamworth.

Public transport links poor from Tamworth to St Georges

Lutonville in the south of staffs we need this facility. It's 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 is Family involvement and patient-experienced improvement and satisfaction with care. A national cross-sectional study in British psychiatric hospitals. BMC Psychiatry 2023, 23(1):1-10. <https://doi.org/10.1186/s12916-023-02888-9>

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 birmingham - to get to Stafford is a nightmare. Not being engaged with the service and it's too great, but in looking after my wife I have felt totally isolated in Tamworth. Given the amount of dementia in the area service provision stark.

While - 2 weeks in St Georges. Not being engaged with the service and it's too great, but in looking after my wife I have felt totally isolated in Tamworth. Given the amount of dementia in the area service provision stark.

doing the best you can. For the best part of the last year, it's not the best for the people who need to service. The need does what it has to do to live 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 CB. I had access to Discharge Planning and Mental Health Care. Psychiatric services. NHS.uk. <https://www.nhs.uk/healthcare-professionals/mental-health-services/>

Future improvements since period of help. we don't know where to get help so I feel as if I don't know where to find them.

We have not used the services since the end of 2018 because it was useless. We would have used the services but felt it was pointless.

Tamworth needs more services because of the levels here

The evidence base suggests that Family/Carer involvement improves outcomes for in-patient care and can reduce the length of in-patient stay.

when CB is gone - there doesn't appear to be anything else to support inpatient 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 has been reached people don't get the support necessary due to lack of services in place with things in place people would not get the support they need admission.

CB is Family involvement and patient-experienced improvement and satisfaction with care. A national cross-sectional study in British psychiatric hospitals. BMC Psychiatry 2023, 23(1):1-10. <https://doi.org/10.1186/s12916-023-02888-9>

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

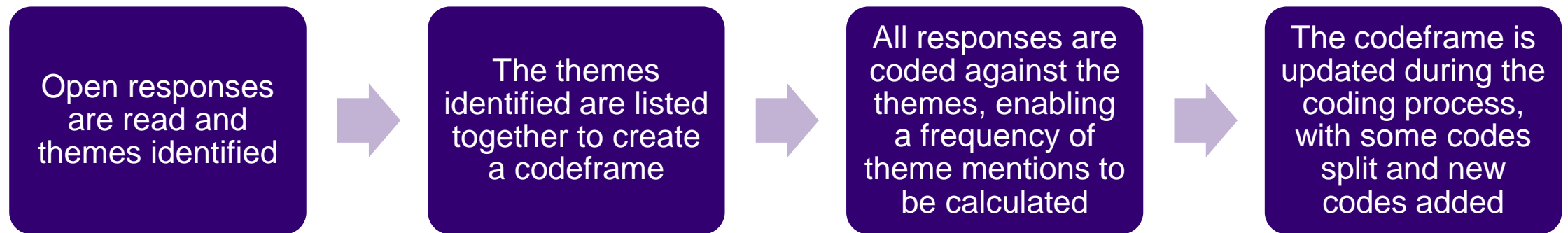


Next steps and closing remarks



# 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><b>Questions:</b> 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><b>Questions:</b> 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



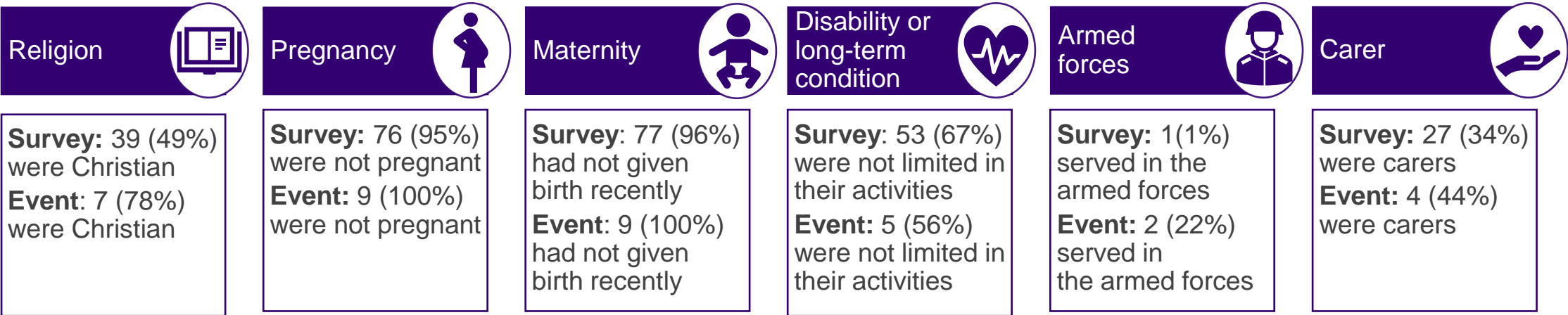
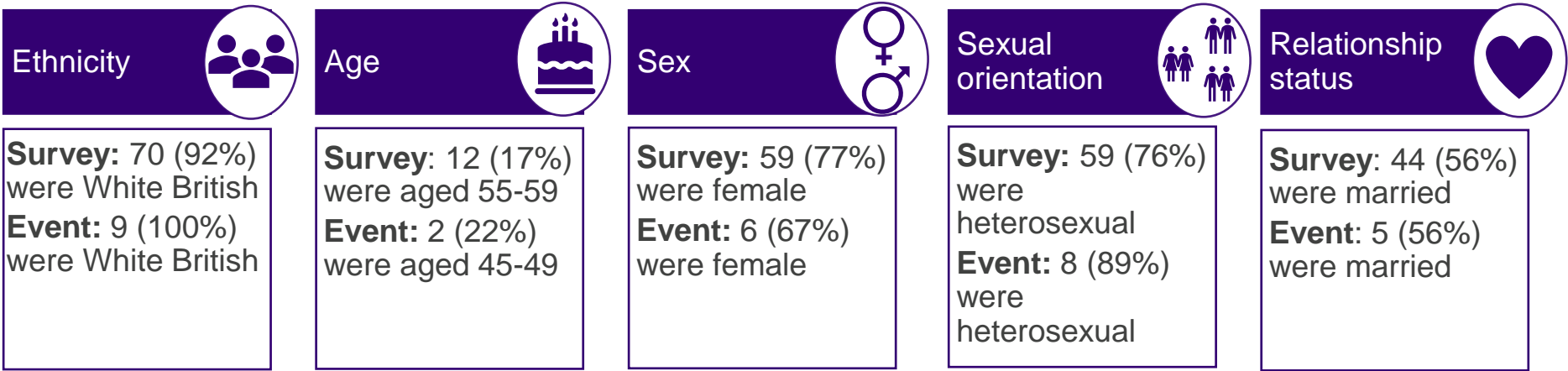
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# Demographic profiling

*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%	-	-
Base	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%	-	-
Base	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%	-	-
Base	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%	-	-
Base	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%	-	-
Base	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%	-	-
Base	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%		
Base	80		9	

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

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

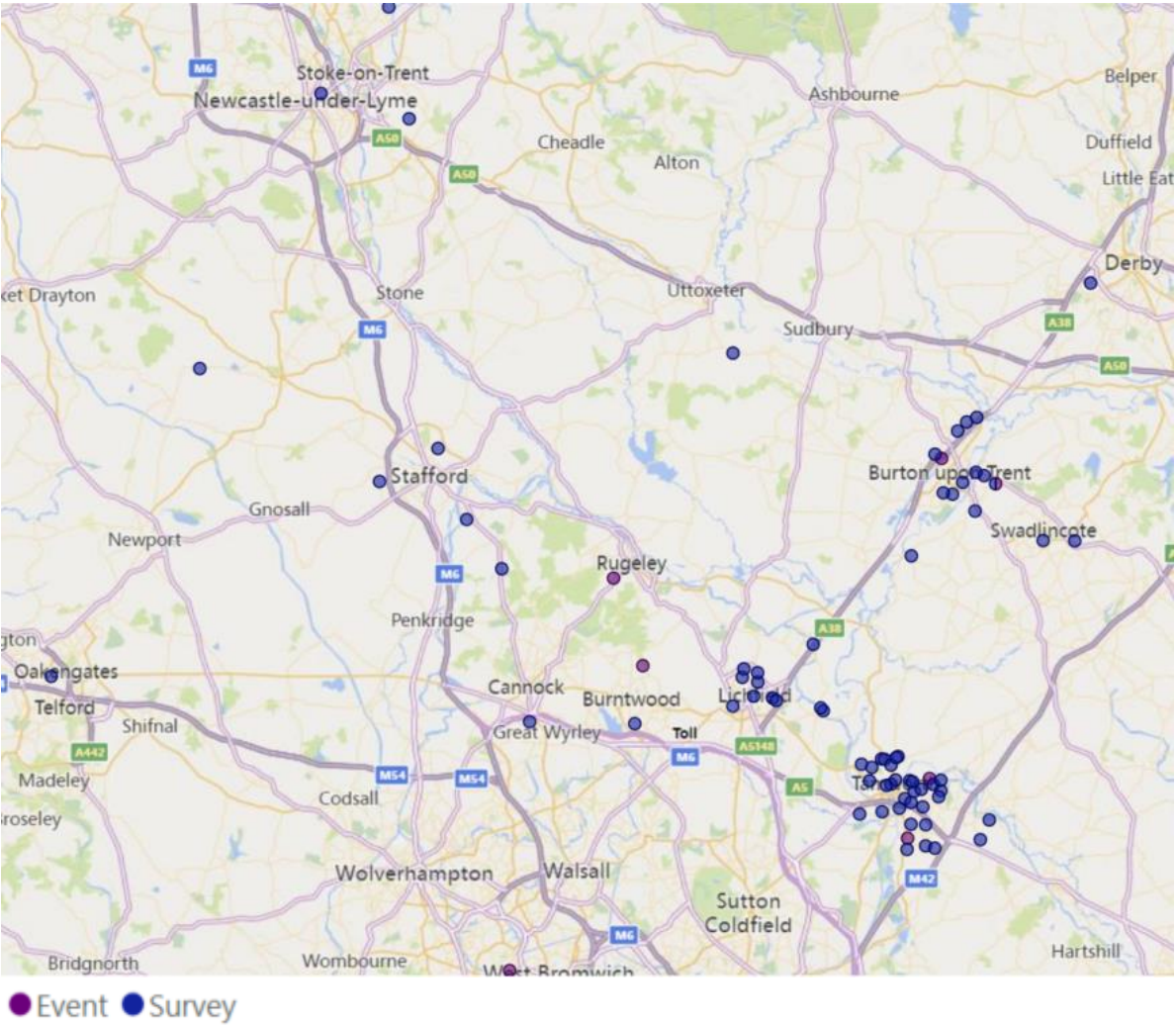
# Demographic profiling (4)

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%	-	-
Base	80		9	



# 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

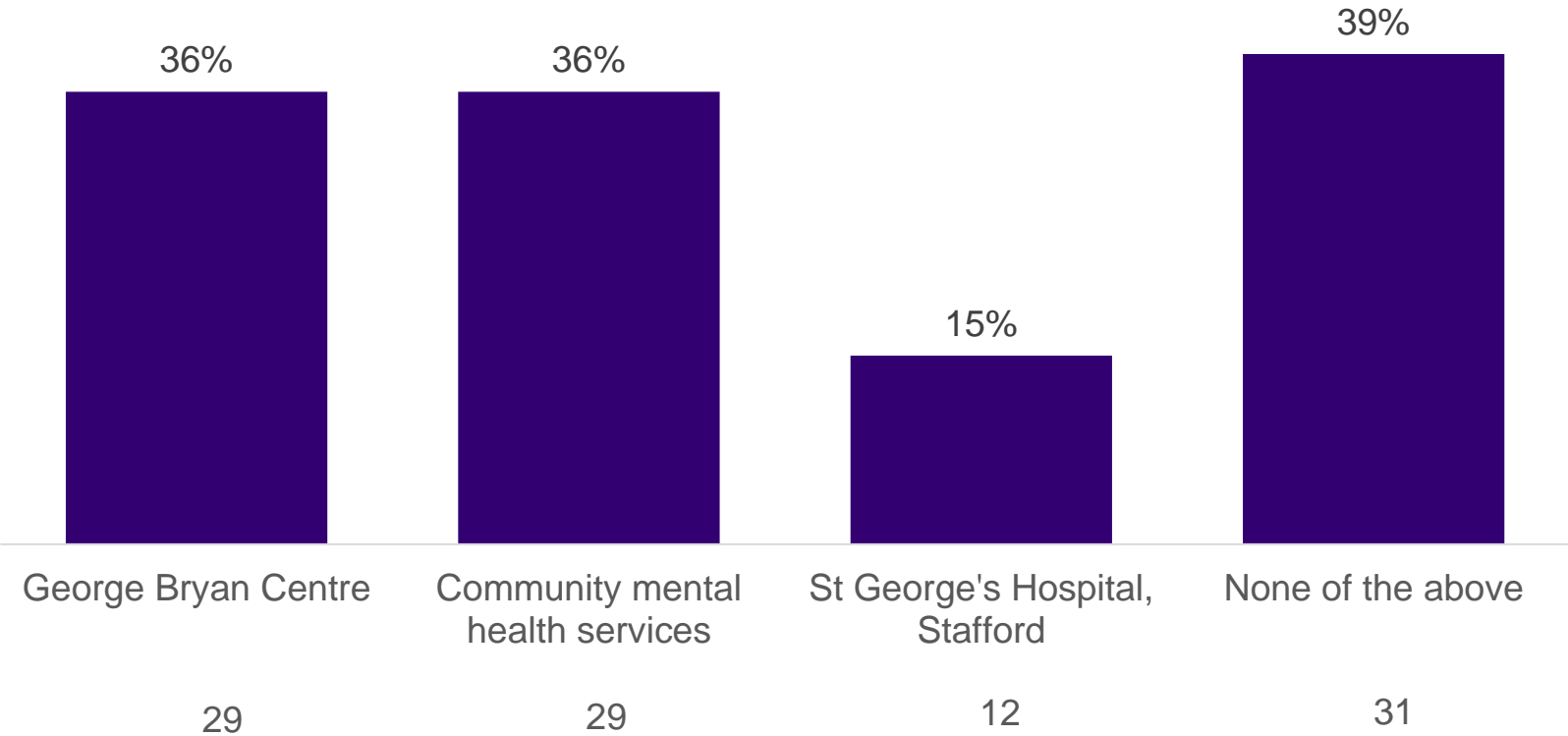




# Organisations responding to the involvement

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



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# 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?

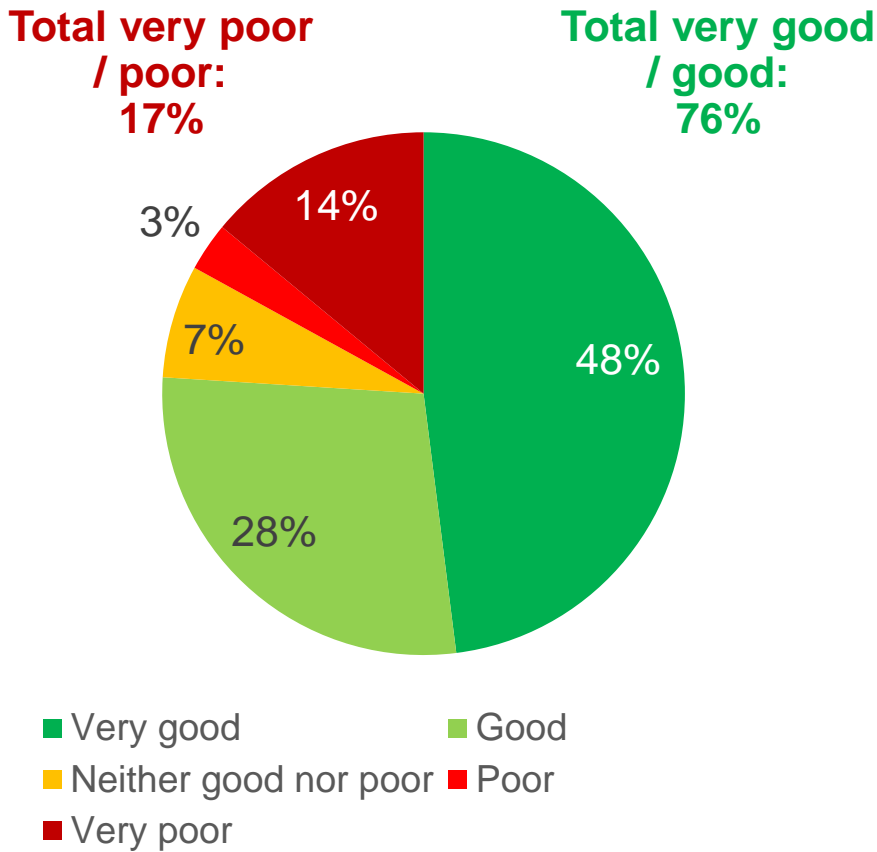


100% West (for under 65-year-olds)

Base: 9

# George Bryan Centre ratings

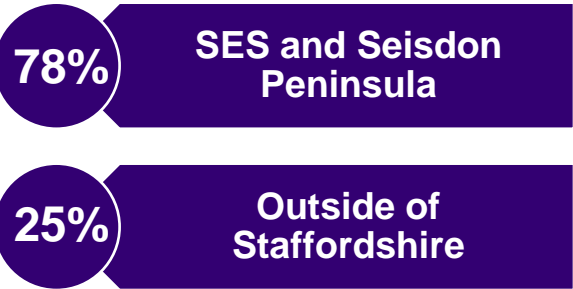
Rate your experience of using the George Bryan Centre



Base: 29

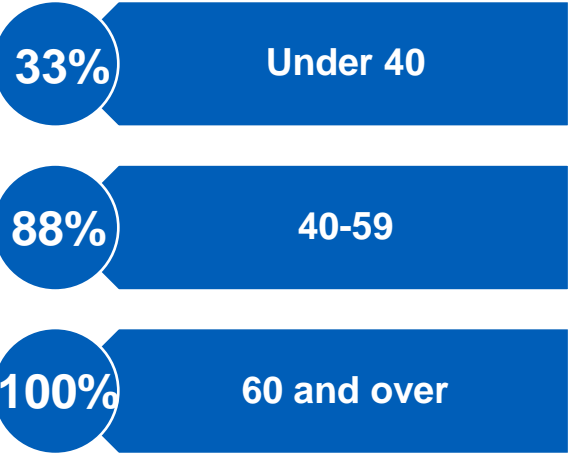
Proportion rating very good / good

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

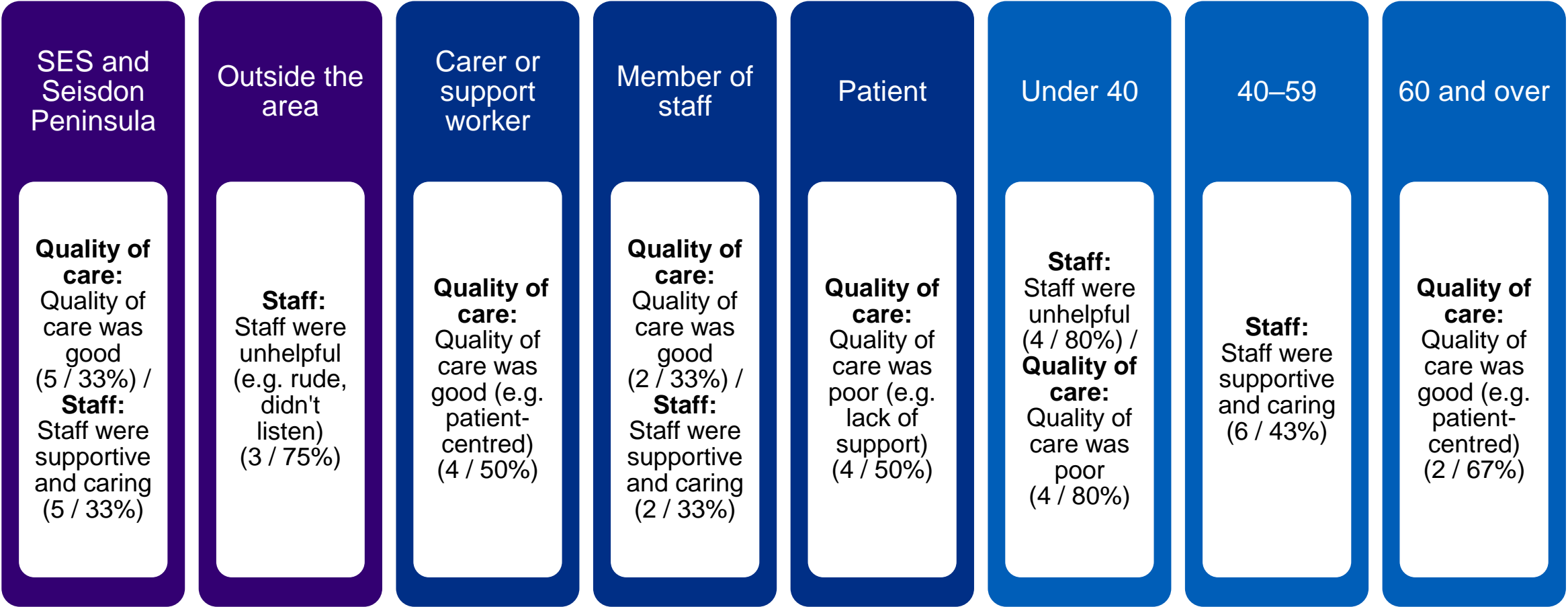
9  
negative  
themes

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)

*"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)

*"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)

*"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)

*"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)

*"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



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# 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?

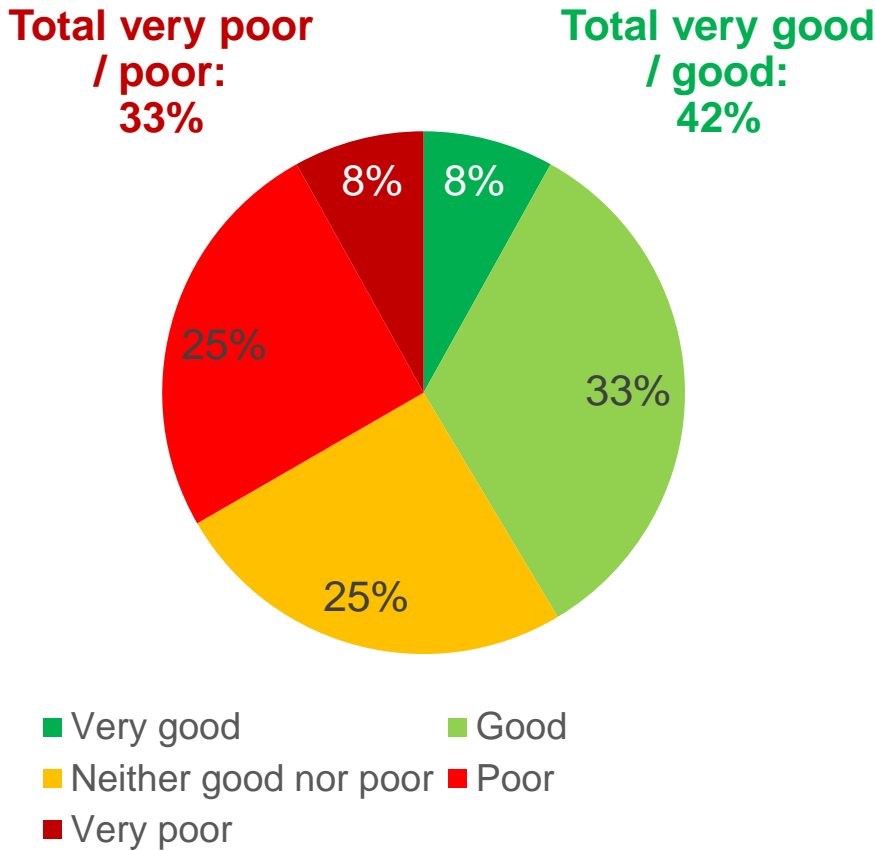


67% after March 2019  
33% before and during March 2019

Base: 12

# St George’s Hospital ratings

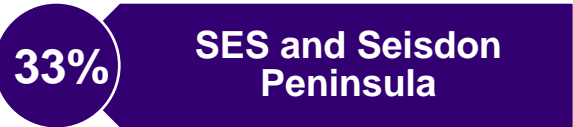
Rate your experience of using St George’s Hospital



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%)



**Staff:**  
Staff were caring  
(2 / 20%)



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



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



**Staff:**  
Staff were unhelpful  
(2 / 20%)



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

4  
positive  
themes

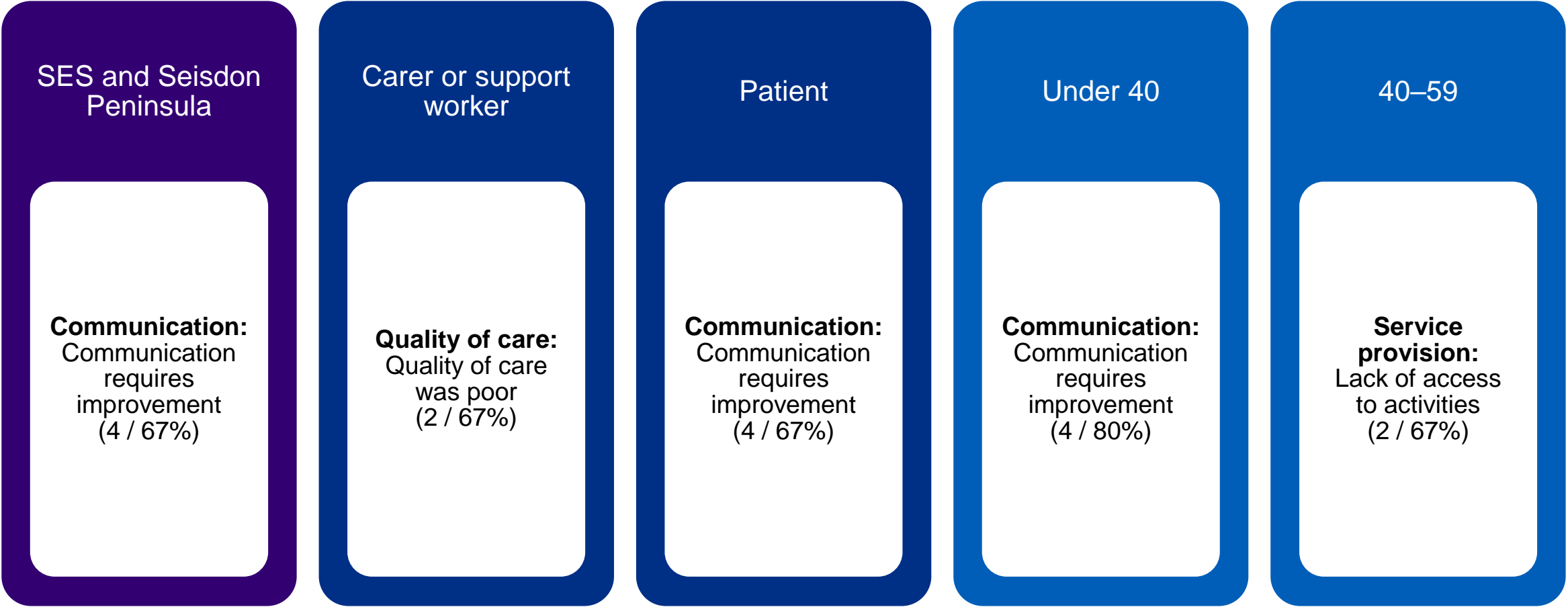
7  
negative  
themes

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

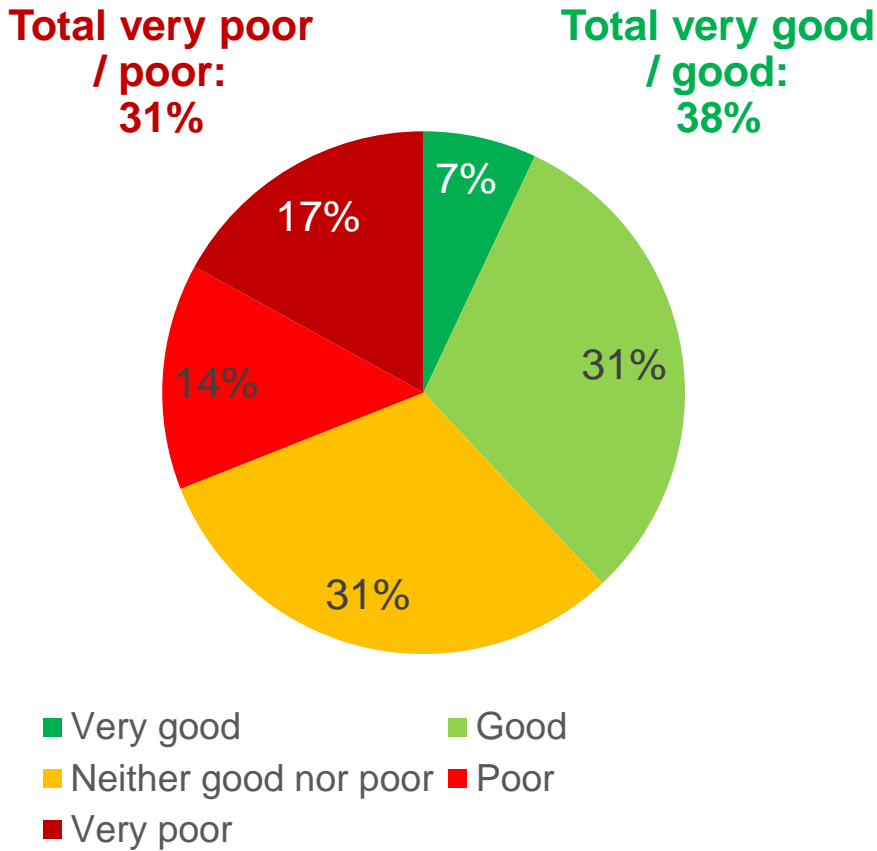
48% before and during March 2019

Base: 29



# Community services ratings

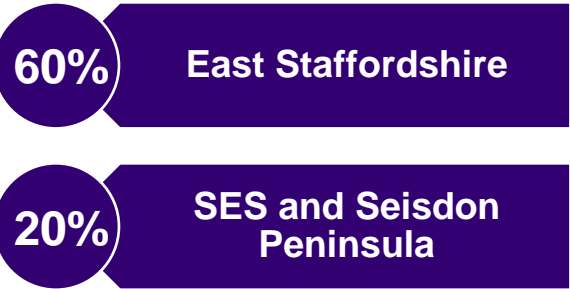
Rate your experience of using the community services



Base: 29

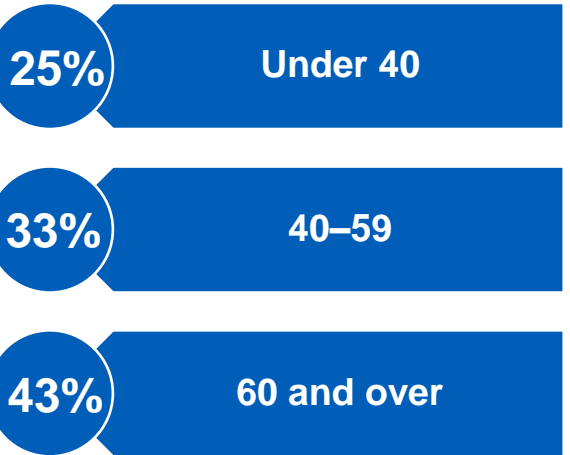
Proportion rating very good / good

CCG area

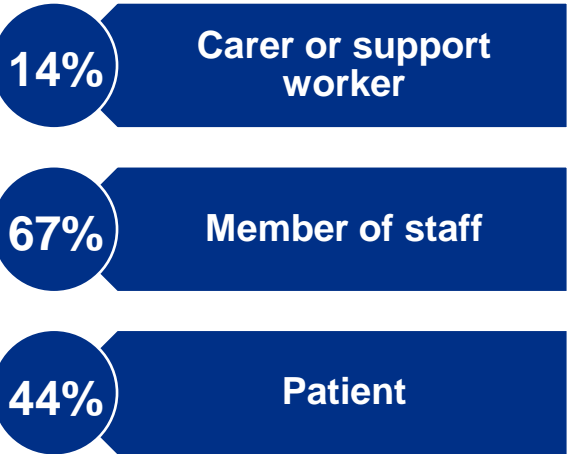


Limited feedback from other CCG areas

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

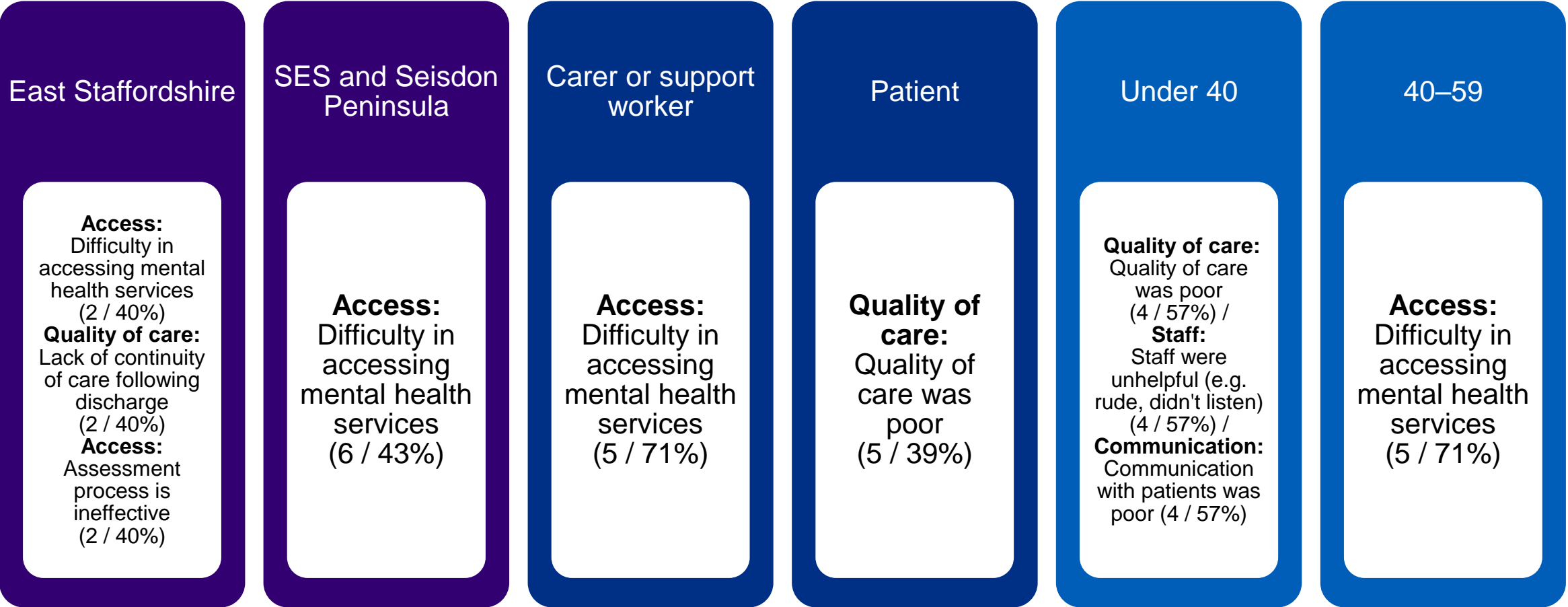
8  
negative  
themes

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



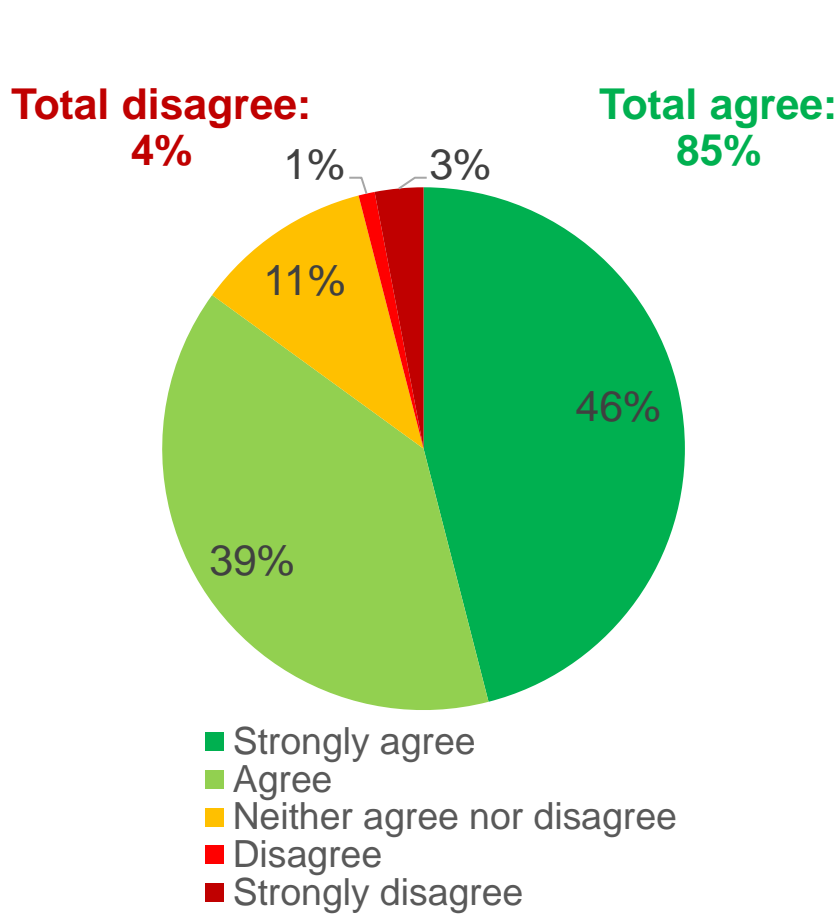
mpftnhs



@mpftnhs

# Rating the model of care

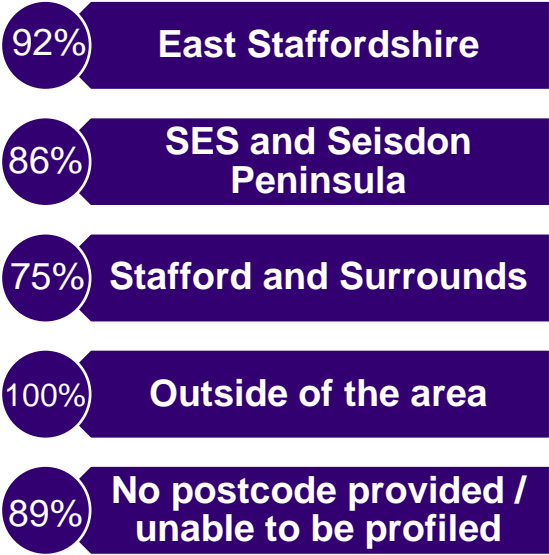
To what extent do you agree or disagree with these principles?



Base: 79

Proportion rating strongly agree / agree

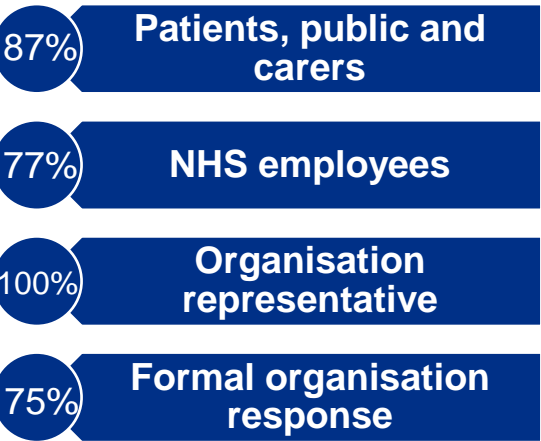
CCG area



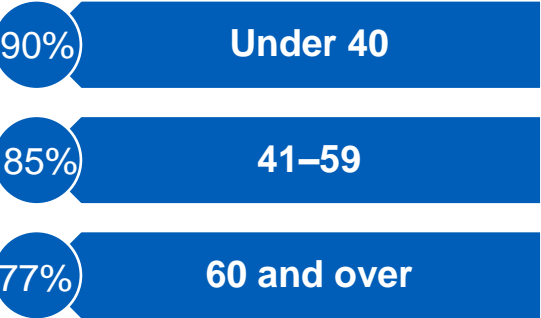
Limited feedback from other CCG areas

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

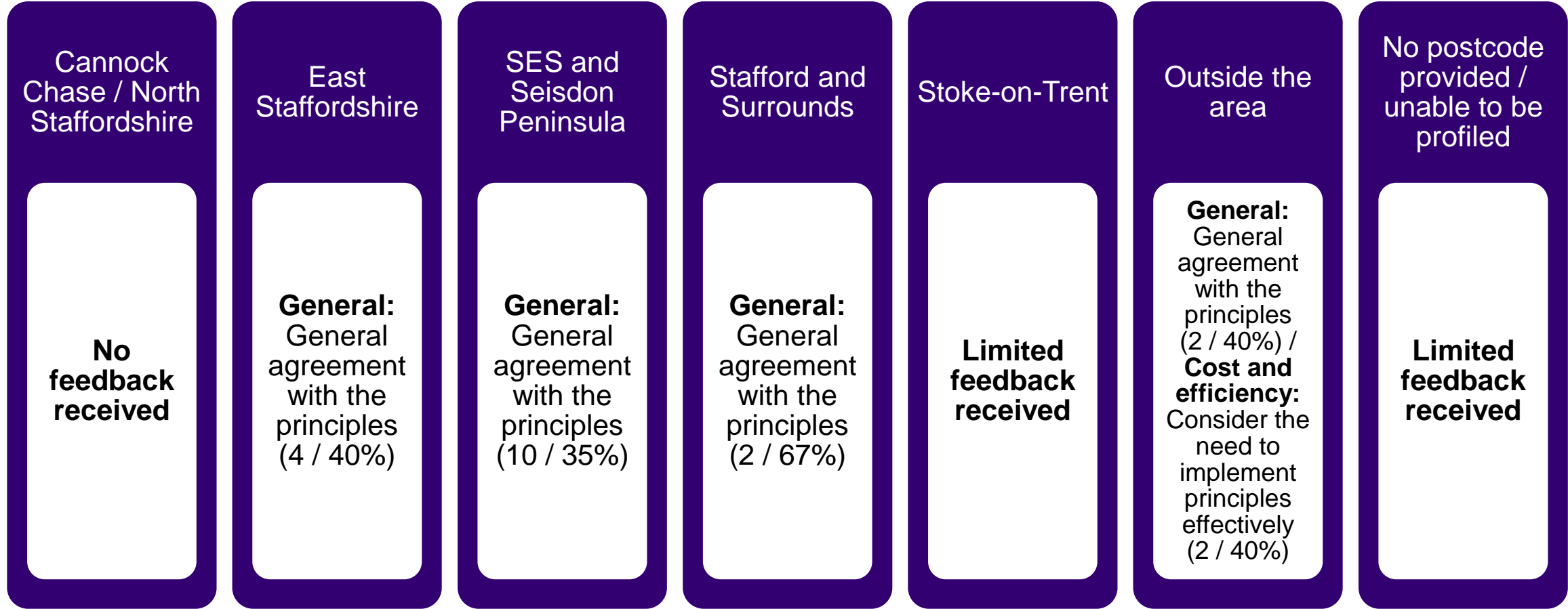
10 observation themes

Base: 50

# Reasons for agreement / disagreement

*Tell us why you agree or disagree with these principles*

Top themes by CCG area



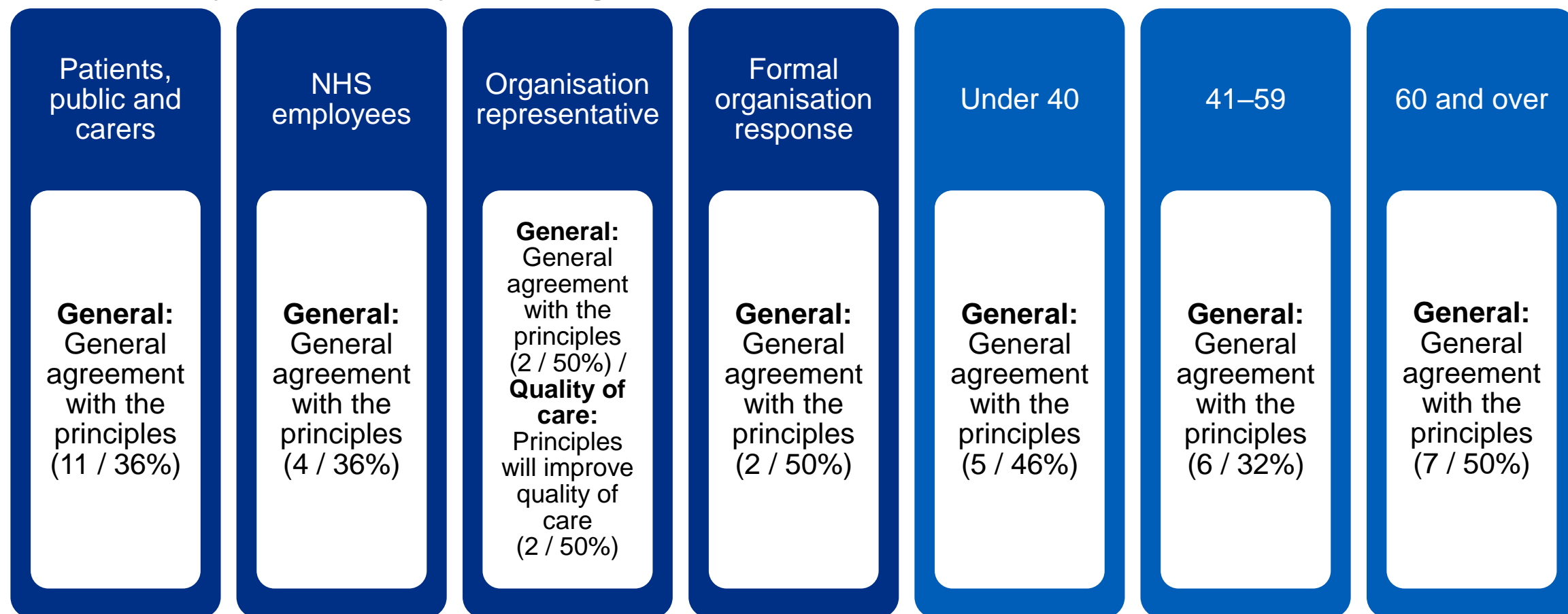
Base: 3–29



# 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%)



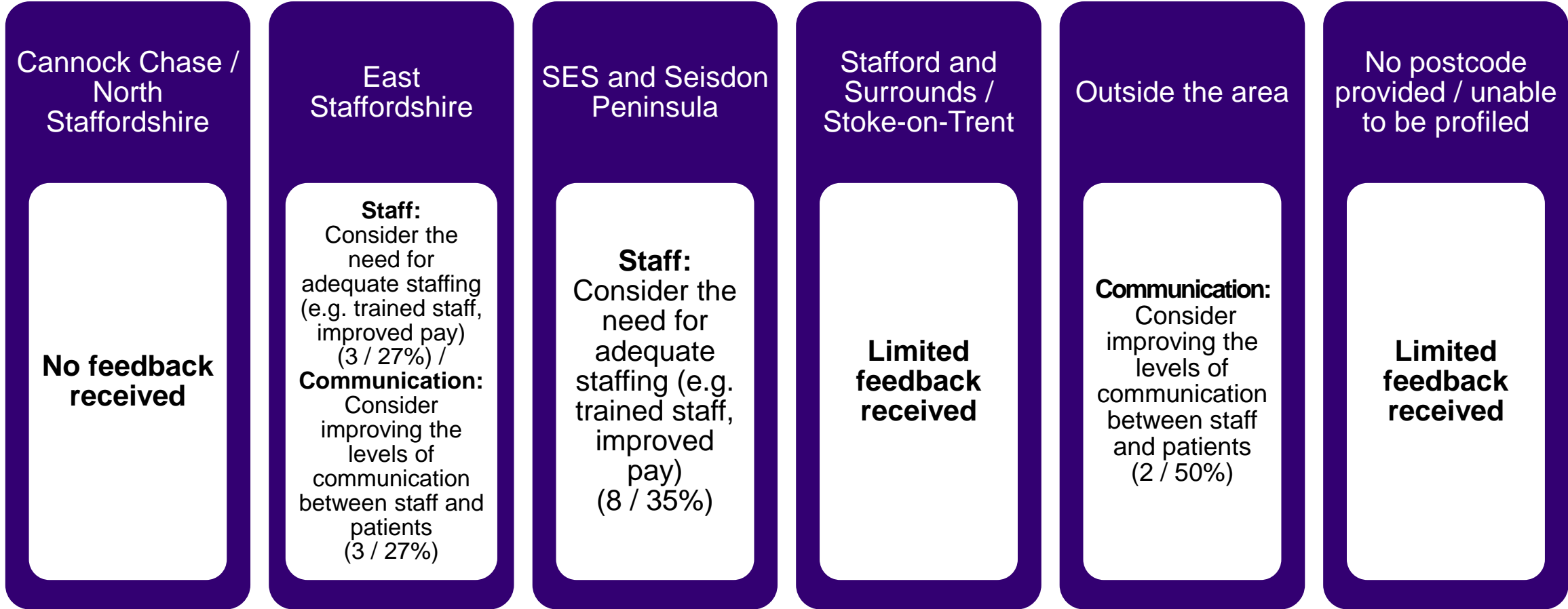
**Quality of care:**

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

Base: 45

# Ideas or suggestions

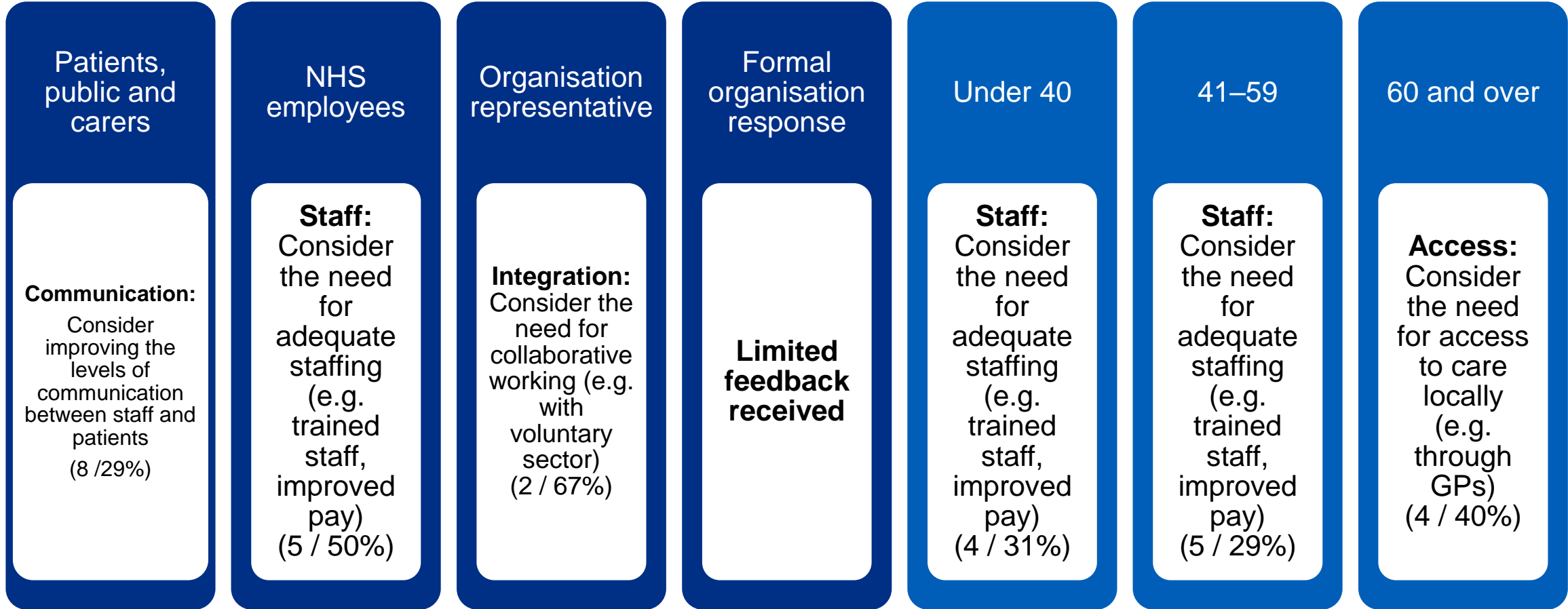
*Do you have any other ideas or suggestions about how we could provide mental health services in the future which we can use to help shape this model? Top theme by CCG*



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



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# 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



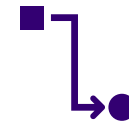
Consider role of  
voluntary sector



Need to have access  
to care locally



Consider preventative  
services



Good discharge  
process and support



# Experiences and ideas: detailed feedback

## 14 October

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Care was person-centred</li> <li>• Community-based services worked well</li> <li>• A&amp;E crisis team provided good quality of care</li> <li>• Staff were professional and enthusiastic</li> <li>• Services provided during lockdown were good</li> <li>• Agreement with plans for community services</li> <li>• Consider improving inpatient services</li> <li>• Concern over poor communication between mental health services and GPs</li> <li>• Communication between staff and service users should be improved</li> <li>• Concern that stakeholder feedback has not been considered</li> </ul> | <ul style="list-style-type: none"> <li>• Need to improve adult autism services</li> <li>• Concern over poor quality of community-based services</li> <li>• Consider the need to support carers/family members of mental health patients</li> <li>• Consider provision of non-medical support (e.g. housing, debts, life skills)</li> <li>• Need appropriate staffing (e.g. fewer bank staff)</li> <li>• Access to diagnosis for people with dementia was difficult during pandemic</li> <li>• George Bryan Centre should be used as base for charities and mental health teams</li> <li>• Need to improve access to primary care services</li> </ul> | <ul style="list-style-type: none"> <li>• Concern over increased staff workload and adjustment to remote working</li> <li>• Discharge process was well organised with support available</li> <li>• Greater integration with charities is needed</li> <li>• Consider providing a community hub to connect inpatient and community services</li> <li>• Consider the need for preventative services</li> <li>• More mental health support is needed</li> <li>• Community psychiatric nurses are required in GP practices</li> <li>• Horninglow Clinic needs updating</li> </ul> |
|--|--|---|

## 18 October

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Concern over poor services during pandemic</li> <li>• Services should be provided locally in the community</li> <li>• Concern over travel to St George's Hospital (e.g. poor transport links)</li> <li>• George Bryan Centre provided good services that should be reinstated</li> <li>• Location of the George Bryan Centre is accessible</li> <li>• George Bryan Centre should be extended to incorporate more local services</li> </ul> | <ul style="list-style-type: none"> <li>• Impact of travelling on health should be considered</li> <li>• Concern over travelling cost to services</li> <li>• Consider population size</li> <li>• Lack of services for patients with dementia (e.g. admiral nurses, day care)</li> <li>• St George's Hospital provided good quality of care</li> <li>• Access to alternative therapies was available at the George Bryan Centre (e.g. art therapy)</li> <li>• Need to improve access to mental health support before crisis</li> </ul> | <ul style="list-style-type: none"> <li>• George Bryan Centre provided poor quality of care</li> <li>• Greater carer / family involvement is needed to improve patient outcomes</li> <li>• Lack of alternatives to the George Bryan Centre</li> <li>• Need for further consultation with service users regarding service provision</li> <li>• Need to improve quality of mental health care to reflect patient needs</li> <li>• Need for clear pathway on how to reach mental health support</li> </ul> |
|---|--|--|

# Views on the model of care: key themes



Positive feedback on model of care



Need to implement new model effectively



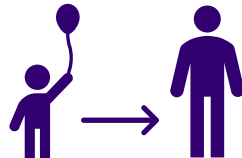
Further consultation is required



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

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• Agreement with new model</li> <li>• Ensure integration and collaborative working</li> <li>• Need to implement new model effectively</li> <li>• Consider provision of wide range of activities (e.g. alternative therapies, reiki, yoga, massage)</li> <li>• Ensure care is patient-centred</li> <li>• Need for greater integration between community and mental health services</li> <li>• Need for information about mental health support available and how to access it</li> <li>• Consider increased population size of areas</li> <li>• Ensure appropriate staffing without relying on bank staff</li> </ul> | <ul style="list-style-type: none"> <li>• Consider elderly people and patients with dementia</li> <li>• Need for non-medical support (e.g. shopping)</li> <li>• Improve the transition from child to adult services</li> <li>• Need for further consultation with service users</li> <li>• Transformation planning should involve all stakeholders (e.g. GPs, local authorities, voluntary sector)</li> <li>• Consider needs of carers</li> <li>• Need for equal access to mental health support (e.g. no postcode lottery)</li> <li>• Positive about patient involvement in discussion of personal care plans</li> </ul> | <ul style="list-style-type: none"> <li>• Need for appropriate communication and collaboration between all stakeholders</li> <li>• Need for continuity and consistency of mental health support (e.g. ongoing support)</li> <li>• New model will help to reduce pressure on other services (e.g. free up GPs)</li> <li>• Need to reduce discrimination against people with mental health problems</li> <li>• Mental health services should be accessible for everyone</li> <li>• New model offers holistic care.</li> </ul> |
|--|--|--|

## 18 October

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Need to improve quality of mental health care</li> <li>• Need to implement new model effectively</li> <li>• Consider greater utilisation of community facilities to provide mental health support</li> <li>• Mental health patients require help of professional staff not police</li> <li>• More details are required</li> </ul> | <ul style="list-style-type: none"> <li>• Waiting times are too long</li> <li>• Need to access mental health support out of hours</li> <li>• Greater information about mental health support available is required</li> <li>• Greater integration between healthcare services is required</li> </ul> | <ul style="list-style-type: none"> <li>• More centres like George Bryan are needed (e.g. in the south of the county)</li> <li>• Concern over lack of day care and admiral nurses</li> <li>• Concern over disjointed service provision for patients with dementia</li> <li>• George Bryan Centre should be used to bring services together</li> </ul> |
|--|---|--|



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# Summary



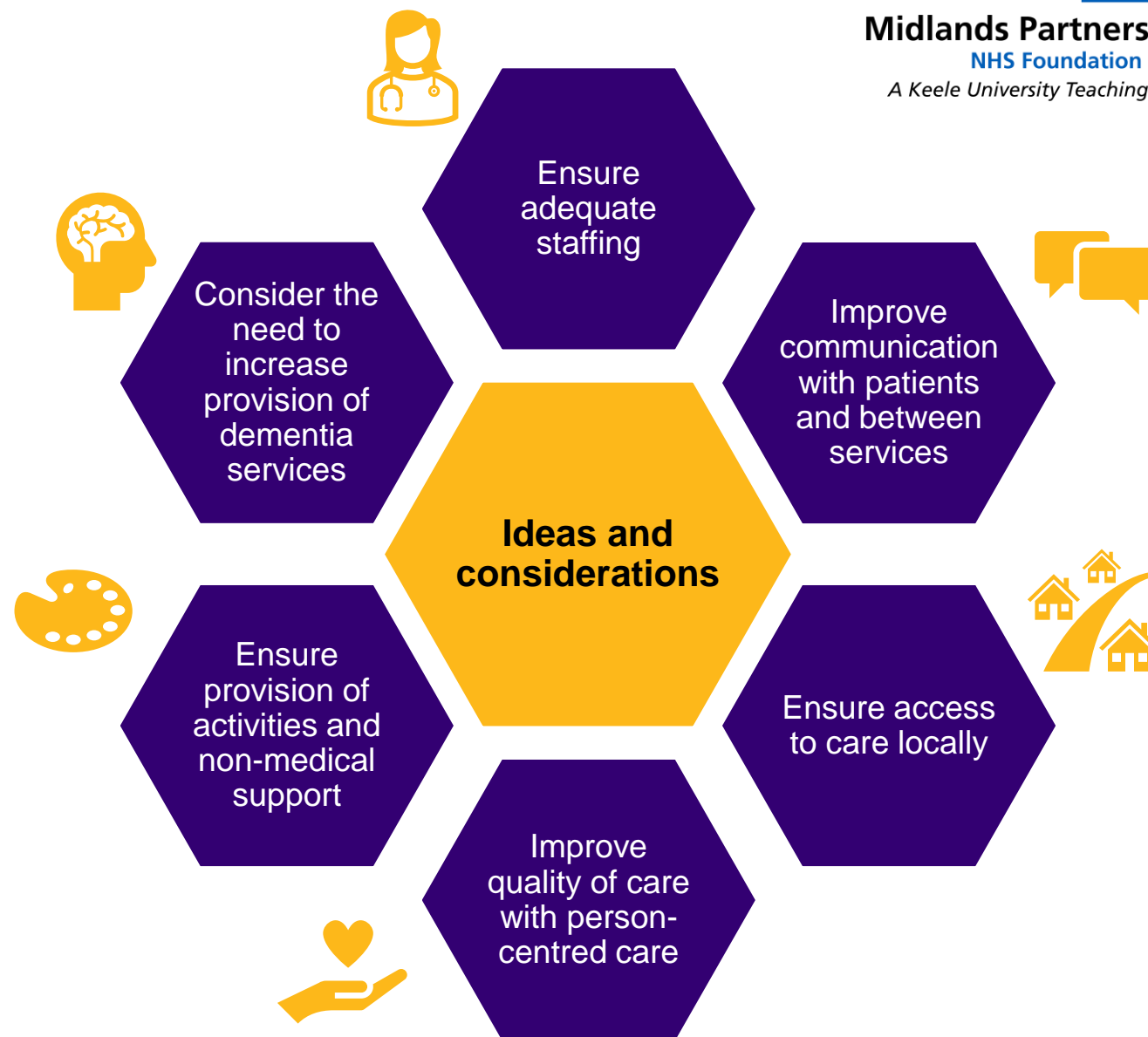
# Summary

## 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
Negative	Communication	Communication requires improvement	5
Positive	Staff	Staff were caring	2
Negative	Quality of care	Quality of care was poor	2
Negative	Access	St George's Hospital is not in an accessible location (e.g. too far)	2
Negative	Staff	Staff were unhelpful	2
Negative	Service provision	Lack of access to activities	2
Positive	Communication	Communication with patients and family members was good	1
Positive	Quality of care	Quality of care was good	1
Negative	Estates and facilities	The building is not fit for purpose (e.g. poor layout)	1
Negative	Staff	Not enough staff to meet patient needs	1
Observation	Estates and facilities	Consider the need for single-sex facilities	1
Positive	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	<b>Access</b>	Difficulty in accessing mental health services	10
Negative	<b>Quality of care</b>	Quality of care was poor	7
Negative	<b>Quality of care</b>	Lack of continuity of care following discharge	6
Negative	<b>Staff</b>	Staff were unhelpful (e.g. rude, didn't listen)	5
Negative	<b>Access</b>	Assessment process is ineffective	4
Negative	<b>Communication</b>	Communication with patients was poor	4
Negative	<b>Access</b>	Long waiting times to access the service	3
Positive	<b>Quality of care</b>	Quality of care was good	2
Positive	<b>Staff</b>	Staff were helpful and supportive	2
Positive	<b>Access</b>	Waiting times were short	1
Observation	<b>Estates and facilities</b>	Consider reopening the George Bryan Centre	1
Observation	<b>Access</b>	Need more localised services	1
Observation	<b>COVID</b>	Consider the need for face-to-face care	1
Observation	<b>Specific groups</b>	Consider the needs of dementia patients (e.g. care at home)	1
Positive	<b>Estates and facilities</b>	Services were accessible locally	1
Observation	<b>Quality of care</b>	Maternal mental health services require improvement	1
Negative	<b>Service provision</b>	Concern over loss of services (e.g. Together for Mental Health)	1
	<b>General</b>	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	<b>Staff</b>	Consider the need for adequate staffing (e.g. trained staff, improved pay)	14
Observation	<b>Communication</b>	Consider improving the levels of communication between staff and patients	8
Observation	<b>Access</b>	Consider the need for access to care locally (e.g. through GPs)	6
Observation	<b>Quality of care</b>	Consider the need to improve quality of care	6
Observation	<b>Access</b>	Consider simplifying the access to services for patients	4
Observation	<b>Cost and efficiency</b>	Consider the need for greater investment in mental health services (e.g. more beds)	4
Observation	<b>Estates and facilities</b>	Consider rebuilding the George Bryan Centre	3
Observation	<b>Service provision</b>	Consider greater provision of therapies and interventions (e.g. psychological therapies)	3
Observation	<b>Access</b>	Consider greater access to mental health assessments	3
Observation	<b>Communication</b>	Further consultation with patients and the community is required	2
Observation	<b>Quality of care</b>	Consider improving discharge process (e.g. aftercare)	2
Observation	<b>Technology</b>	Consider the use of video calls (e.g. instead of telephone)	2
Observation	<b>Integration</b>	Consider the need for collaborative working (e.g. with voluntary sector)	2
Observation	<b>Specific groups</b>	Consider the needs of vulnerable patients (e.g. patients with disabilities, dementia)	2
Observation	<b>Service provision</b>	Consider provision of art and craft therapy	1
Observation	<b>Quality of care</b>	Consider taking care of physical and mental health together	1
Observation	<b>Integration</b>	Electronic patient records should be accessible in social and health care	1
Observation	<b>Access</b>	Consider widening access to services at the George Bryan Centre (e.g. walk-in, all ages)	1
Observation	<b>Quality of care</b>	Consider the need to improve maternal mental health services	1
Observation	<b>Service provision</b>	Consider the need for preventative services	1
Observation	<b>Estates and facilities</b>	Consider utilising existing NHS estate (e.g. Geoffrey Hodges Building)	1
	<b>General</b>	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**