

Finding a long-term solution for the inpatient mental health services previously provided at the George Bryan Centre



Introduction



The NHS in Staffordshire and Stoke-on-Trent has been working with local patients, staff, interested groups and partners to redesign our mental health services.

Our priority is to deliver quality mental healthcare for patients in their own home or community whenever possible, rather than in hospital. This model of care is the national ambition set out in the NHS Long Term Plan. It is based on the latest clinical evidence, which shows that this approach gives the best outcomes for most patients with mental health problems, supporting their wellbeing and independence.

This is not new – we have been working with our partners and investing in our community mental health services for many years. We have enhanced our community teams and built better ways of working that help us meet the national goals – like making community services easier to access and giving people more choice and control over their treatment.

For the small number of patients who do need a hospital stay, we want to make sure that the right specialist staff are on hand to give them the best care.

Thank you to everyone who has joined in these conversations so far. Your contributions have helped us draw up a proposal for improving mental healthcare in the local area. This document sets out that proposal and explains how everyone can have their say.

Our proposal is about where we provide the inpatient (hospital bed) services that were previously provided at the George Bryan Centre. These are services for people living in south east Staffordshire: adults (aged 18–65) with severe mental illness, and older adults (aged 65 and over) with severe mental illness or dementia.

Why are we reviewing our local mental health hospital services?

Following national best practice in mental healthcare

Community mental health teams support people in their own homes and communities. They help with different conditions, from mild levels of depression and anxiety to more severe mental illness. They also support older adults with dementia.

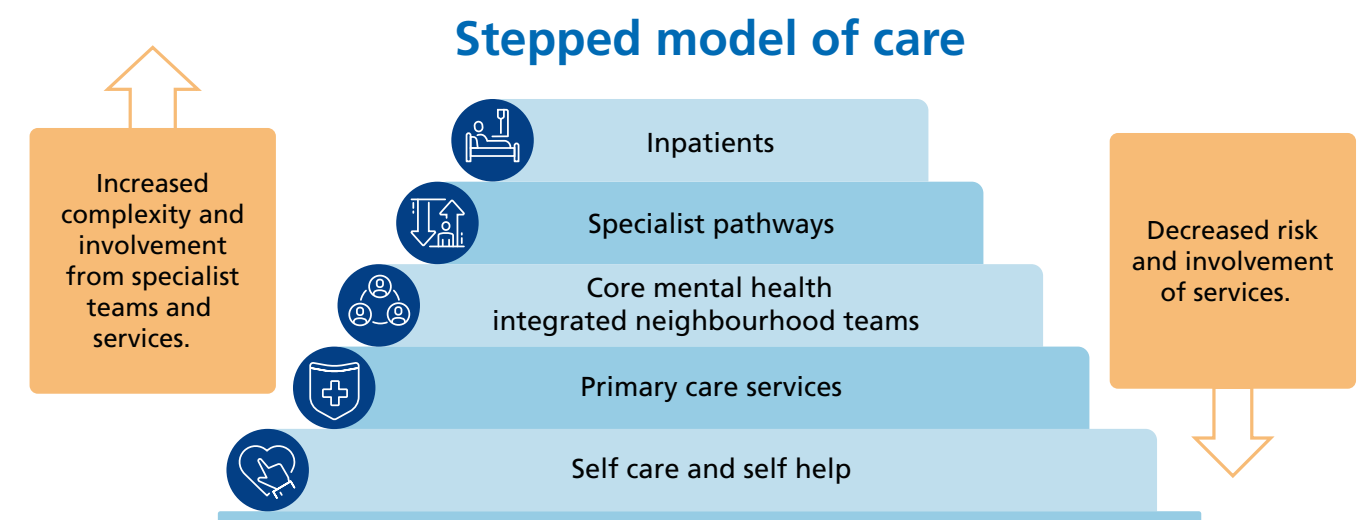
Clinical evidence shows that most patients get the best outcomes (the best experience and the best chance of recovery) if mental healthcare is provided in the community, rather than in a hospital. Getting the right support and treatment, while living in their usual home with loved ones close by, gives people the best chance to recover and stay well.

For older adults with dementia, clinical evidence suggests that hospital stays do not help. Instead, there is a big risk of losing their independence.

You can read some examples of this clinical evidence on [page 9](#). You can find out more about the national guidance in [‘The Community Mental Health Framework for Adults and Older Adults’](#), published by the NHS.

Of course, people sometimes become so unwell that they must go to hospital. But the national best practice is that hospital stays should be as short as possible – giving essential treatment and care until patients can safely go home, with continuing support in the community as needed.

The diagram shows our **‘stepped model of care’**, with most patients being supported without the need for hospital stays.



Inpatient mental health services for people living in south east Staffordshire

The **George Bryan Centre** provided mental health beds for patients living in Burton upon Trent, Lichfield, Tamworth and the areas around those towns.

- The West Wing had 19 beds for adults aged 18 to 65 with severe mental illness – like mood disorders, psychosis, anxiety and depression
- The East Wing had 12 beds for older people (aged 65 and over) with dementia and/or other mental health problems.

There are different levels of severe mental illness. Although diagnosed with a severe mental illness, the patients who stayed at the George Bryan Centre usually had low-risk or less complex needs. Just one in four mental health patients from the district areas around the George Bryan Centre went there if they needed a stay in hospital.

More seriously ill patients were admitted to **St George’s Hospital** in Stafford, or other specialist settings. Sometimes, patients who were being cared for at the George Bryan Centre had to be transferred to St George’s Hospital because it was better able to meet their needs.

In February 2019, a fire destroyed the West Wing of the George Bryan Centre. The patients in the West Wing were moved to St George’s Hospital.

The board of Midlands Partnership NHS Foundation Trust (MPFT), which operated the George Bryan Centre, decided to temporarily close the East Wing, for safety reasons. Although the Sir Robert Peel Community Hospital was next door to the George Bryan Centre, it is not a mental health hospital, and so could not offer the specialist support.

How have patients from the area been looked after since the temporary closure?

Since the George Bryan Centre temporarily closed, most of the patients from south east Staffordshire **who need a hospital stay** have been admitted to St George’s Hospital in Stafford, with a small number going to different hospitals further away.

St George’s Hospital is a specialist mental health hospital. Its facilities include a **psychiatric intensive care unit** for male patients. A range of specialist teams look after patients with eating disorders, and women with severe mental health problems linked to pregnancy and childbirth.

St George’s Hospital has 168 beds in total. 84 are for adults with severe mental illness, and the rest are in the specialist wards.

When the George Bryan Centre patients were transferred to St George’s Hospital at the time of the fire, they went to a ward that was kept for use during peaks in demand, like winter. Since then, this ward has been refurbished and provides 18 mental health beds.

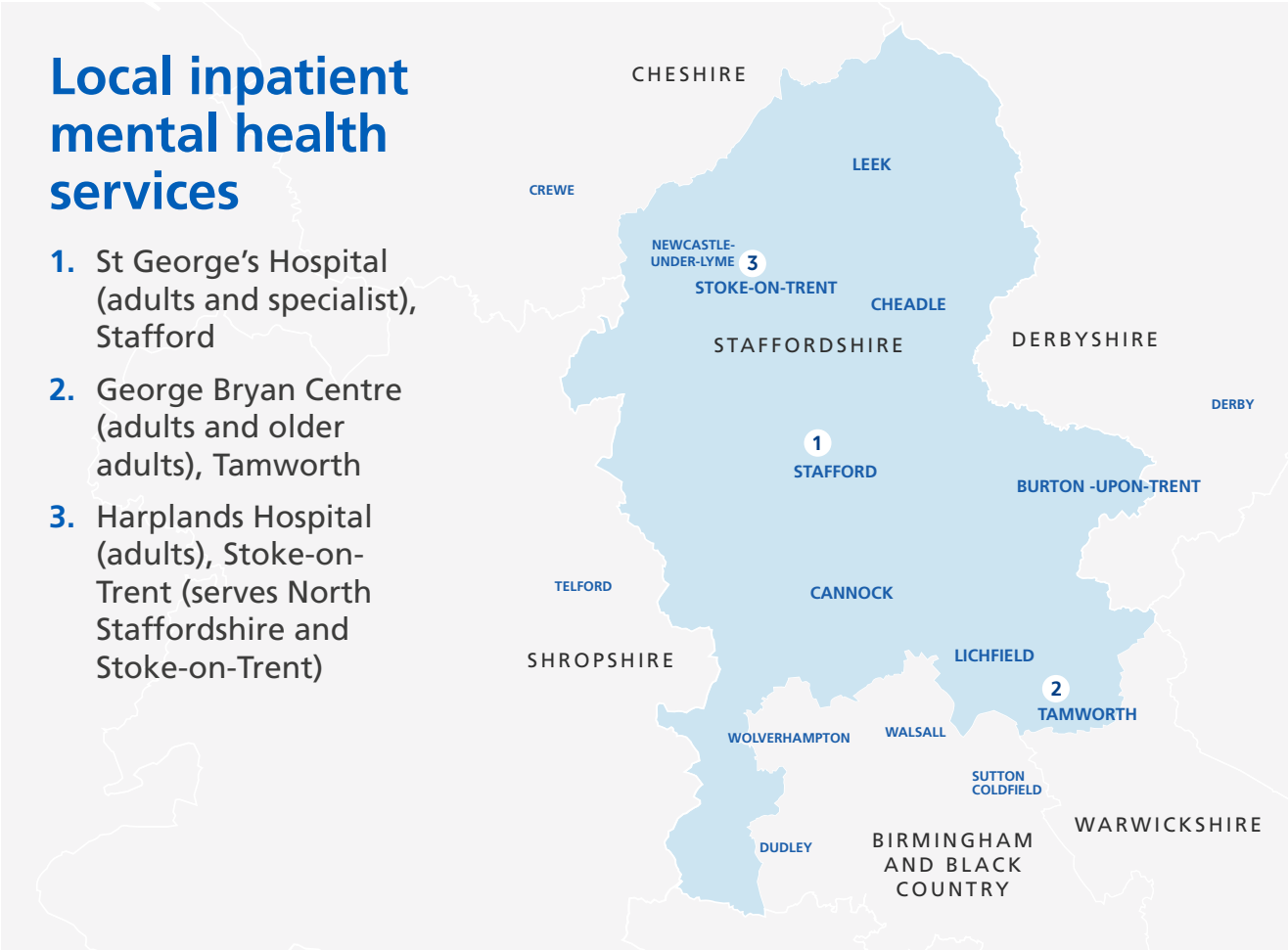
Over the last three years, we have been investing in our local community mental health services and improving them – so they can offer earlier, more flexible support for patients **who do not need a hospital stay**.



We have been strengthening our services to provide better support for people experiencing crisis. As one example, we have opened a **crisis café** in Tamworth. This will support people in crisis with advice, information on the services that they can use, and a safe space with emotional support.

Our community mental health teams work closely with primary care (GPs), council staff (like social workers) and voluntary sector providers who are experts on particular issues – like drug and alcohol abuse, housing, or finance. We know that mental illness can be impacted by other problems in people’s lives, from physical illnesses to money worries. By having our mental health teams work with these other services, we can offer more meaningful care that ‘wraps around’ a patient’s needs.

Our **enhanced community services** mean that most patients who would previously have stayed at the George Bryan Centre can now be supported in the community, which is better for their long-term wellbeing and independence.



What is our proposal?

For a number of years, our mental health clinicians and staff have been working to find a long-term solution for the services that were based at the George Bryan Centre.

We have involved patients and carers, staff, mental health clinicians and the public throughout this journey. We have considered the findings from the public involvement, along with clinical evidence, while developing our proposal.

You can read in more detail about the process we have followed in developing the proposals and involving the public, starting on [page 26](#).

Listening to your feedback, we have also looked at any potential impacts if we make the temporary changes permanent. We considered our workforce, clinical safety, health inequalities (fair care), and travelling times for family and carers.

We are recommending that there is one **viable** (realistic and achievable) proposal, which is to make permanent the changes we made in 2019.

In this consultation document, we explain how we have reached a recommendation to keep services at St George's Hospital. We will also explain the potential advantages and disadvantages of the proposal for local people.

In summary, evidence suggests that an isolated ward at the George Bryan Centre would not:

- be clinically safe
- be sustainable in terms of staffing
- provide the same high-quality care that patients could access at the specialist site at St George's Hospital.

No decision has been made yet about this proposal, and any decision about future service change will consider the findings from this consultation.

We will keep our enhanced community mental health services in place, which provide the right support for adults with mental health needs or dementia in their usual place of residence.

This means we do not need to re-open a ward for older adults with dementia at the George Bryan Centre site. National best practice is to care for people with dementia in their own home or community.

We will keep the 18 beds at St George's Hospital for people who need a hospital stay for high-risk and complex mental health needs. We will not re-open a ward at the George Bryan Centre site.

What is consultation?

'Consultation' means the process for how we:

- give staff, patients, carers and other interested groups information about the work we have done so far, and our recommended single proposal
- gather the views of local people to inform the decisions that the Staffordshire and Stoke-on-Trent NHS Integrated Care Board will make.

By law, the NHS must involve the public and local organisations when developing services or considering big changes to the way they are provided. This legal duty is found in the NHS Act 2006, which was amended in the Health and Social Care Act 2012.

The Health and Care Act 2022 gives all health bodies a 'triple aim' duty. Together they must pursue:

- better care for all patients
- better health and wellbeing for everyone
- sustainable use of NHS resources.

Asking local people for their views is an important part of how we make decisions about local health and care services. Your views matter and will be considered alongside clinical, financial and operational factors.

The results of public consultation do not represent a vote or a referendum over any proposals for change.

Who is conducting this consultation?

The Staffordshire and Stoke-on-Trent NHS Integrated Care Board is legally responsible for this consultation. Integrated care boards are the organisations that commission NHS services in their local area, from the NHS trusts and other bodies that provide them.



Who will we consult?

We have developed a consultation plan based on our Equality Impact Assessment and what we know about our local people. You can find these documents on our [website](#).

We have developed a database of stakeholders (people who may be interested), and we will continue to add to this. We would especially like to hear from the people listed below. However, anyone who is interested can take part in this consultation – you do not need to be in one of these groups:

- patients who have stayed at the George Bryan Centre
- patients who have stayed at St George's Hospital
- people who use or have used our community mental health services
- the family and carers of people who have used any of these services.

We will encourage NHS and partner staff, clinicians, providers of health services and politicians to take part in this consultation. We will engage with Healthwatch Staffordshire, and provide many opportunities to respond to the consultation.



Having your say in this consultation

We want to hear your views on this recommendation to help inform our final decision. We want to know:

- if there are any other ideas we have not considered
- if there is any positive or negative impact we need to plan for, if we decide to go ahead with this proposal
- how we can support people if these changes are agreed, including how we can support people with travel.

It is important to take the time to read this consultation document carefully before you answer the questions. It explains our proposal, which may affect you, your family, your friends or the people you care for.

To help you understand our proposals and give your views, we have a range of information available on our [website](#).



Understanding the clinical evidence

By clinical evidence, we mean the best available evidence about what works and doesn't work in healthcare. It shows that most patients get the best outcomes (best experience and chance of recovery) when mental healthcare and support are provided by community teams, avoiding the need for hospital stays.

For older adults with dementia, clinical evidence suggests that it is best for them not to go into hospital. It can make things worse, by moving patients into unfamiliar settings, which may increase their confusion.

It also makes it more likely for someone who was independent before their hospital stay to need residential care sooner. Below are some examples of clinical evidence considered by our team of clinicians and experts.

For adults with severe mental illness

"If people are admitted for longer than clinically necessary, they can become **institutionalised**, finding it harder to resume normal life (including loss or difficulty of finding work, benefits and a place to live).

"Recovery and **rehabilitation** need to occur as close as possible to where people live – for example, training people in 'activities of daily living' while in acute inpatient settings does not adequately equip them to use these skills in the community."¹

"It is better for patient care, better for performance outcomes, and better for the NHS budget to treat as many patients as close to home as possible, with community services once again at the heart of provision."²

"In conclusion, CRTs [community-based crisis resolution teams] have proven to be an acceptable alternative to hospitalisation for psychiatric patients in acute crisis."³

For older adults with dementia

NICE guidance is that when admission to hospital is considered for a person living with dementia, the value of keeping them in a familiar environment should be considered.⁴

"Hospital admissions (especially when extended) can **exacerbate** the symptoms of dementia, permanently reduce independence, and increase the likelihood of discharge to residential care and readmission to hospital. It is estimated that people with dementia occupy 25% of hospital beds, often when the medical need is not acute, and their hospital stays tend to be on average 1 week longer than others. This results in poorer outcomes and notable costs."⁵

1. 'Improving acute inpatient psychiatric care for adults in England', Feb 2016, The Commission to review the provision of acute inpatient psychiatric care for adults, available on our [website](#).

2. '[NHS community services: taking centre stage](#)', NHS Providers, 2018.

3. '[Mobile Crisis Resolution Team Implementation Challenges](#)', Jan 2021, International Journal of Hospital Based Health Technology Assessment.

4. '[Dementia: assessment, management and support for people living with dementia and their carers](#)', June 2018, NICE guideline 97.

5. 'The dementia care pathway: full implementation guidance', 2018, National Collaborating Centre for Mental Health, available on our [website](#).

How our local community mental health services are supporting patients and carers

The vast majority of people who have a mental health need are not admitted to our hospitals. Instead, they are supported in their own home or community. Most of our staff work in the community to help people stay in their usual routine and access a range of therapy services provided by the NHS and the voluntary sector.

Since 2019 we have been supporting more dementia patients to stay in their own home. When needed, we help them to move to a specialist residential home that will help provide the right care for their individual needs. Locally and nationally, our clinicians agree that a mental health hospital is not the best place for someone with dementia – they need specialist support from our enhanced community teams.

Only a small number of people will need a hospital stay. Although this consultation is about the future of services for people who need a hospital stay, we wanted to explain how we have enhanced our community services to support people to stay out of hospital and independent for longer.



How we have been investing in our community services

Guiding principles for community mental health transformation in south east Staffordshire

- 1

Improve access to care
 Make it clear, simple and quick to get support when it is needed
- 2

Use a trusted assessor model
 Remove the need for patients to 're-tell their story' every time they receive care
- 3

One digital plan
 To be accessed and updated by services involved in the patient's care
- 4

A named worker
 Every patient to have a named worker
- 5

Flexible and personalised
 Care must reflect the patient's needs and preferences
- 6

Safety
 Services must be safe for patients, carers and staff
- 7

Integration of care
 Collaborate with all relevant partners and align to voluntary and community sector support
- 8

Support physical health needs
 Staff are dedicated to supporting the physical health needs of their patients

Before and since the fire, we have been enhancing services in south east Staffordshire (as well as in the other areas of Staffordshire).

Improving access to care, for faster treatment and support

- There is a free urgent mental health helpline providing telephone support, advice and triage to anyone living in South Staffordshire. Anyone can call **0808 196 3002** or email: access.staffordshire@mpft.nhs.uk 24 hours a day, seven days a week
- Patients can self-refer into services like Improved Access to Psychological Therapies (IAPT), rather than waiting to be referred (call **0300 303 0923** or self-refer online at: www.staffsandstokewellbeing.nhs.uk)

Integrated neighbourhood teams

- 'Joined-up' mental health teams bring together mental health professionals, GPs, social workers and other teams. By getting these professionals to work more closely together in teams, we can:
- co-ordinate care better, including sharing the right information
 - cut out delays that can happen when a person's care moves from one team to another.



Case study

John has suffered from severe obsessive compulsive disorder (OCD) for more than 25 years. This disorder causes him to spend hours every day washing and cleaning. This means he struggles to stay in a job and do everyday activities that most people take for granted. He won't throw things out, and rubbish has gathered in his garden, so he has been in trouble with the Council.

In the past, John has found Cognitive Behavioural Therapy (CBT) useful, but sometimes it took too long to arrange. This was because the professionals helping him worked in separate teams. There were sometimes delays with sharing information, and John's problems got worse while he was waiting for help from the Improved Access to Psychological Therapies (IAPT) team.

Now, our integrated teams bring together staff from IAPT and the community mental health teams. John can start CBT quickly with an IAPT therapist. This therapist will also be his key worker and co-ordinate John's care with the other professionals who need to be involved – like a social worker and a psychiatrist.

This way of working will help get John the **psychological therapy, medical input and social support** he needs to get better and live well.

Better crisis support

We want to offer better community-based support to anyone experiencing a mental health crisis – helping to avoid a hospital admission unless it is really needed.

- Our **Crisis Resolution Home Treatment (CRHT) team** works 24/7 and responds within four hours if someone needs urgent help
- A new crisis café has opened in Tamworth. Our crisis café offers emotional support, information on other services, and advice on the skills that can help someone cope in a crisis.

Working in partnership with the voluntary sector

We now have arrangements with some voluntary organisations to provide some services for us. These are **non-clinical services** (not medical), covering issues that can affect people's mental wellbeing – like housing, money matters and having social contact.

Physical wellbeing affects mental health, so our voluntary sector partners also provide services around weight management, healthy eating and advice on getting good sleep.

This new way of working with voluntary sector partners helps us provide the 'wrap-around' care that the national guidance recommends. Here are some examples:

- [Brighter Futures](#) help deliver the mental health helpline
- The [Citizens Advice Bureau](#) give financial advice
- [Humankind](#) deliver specialist support on substance misuse.

Community venues for mental health services

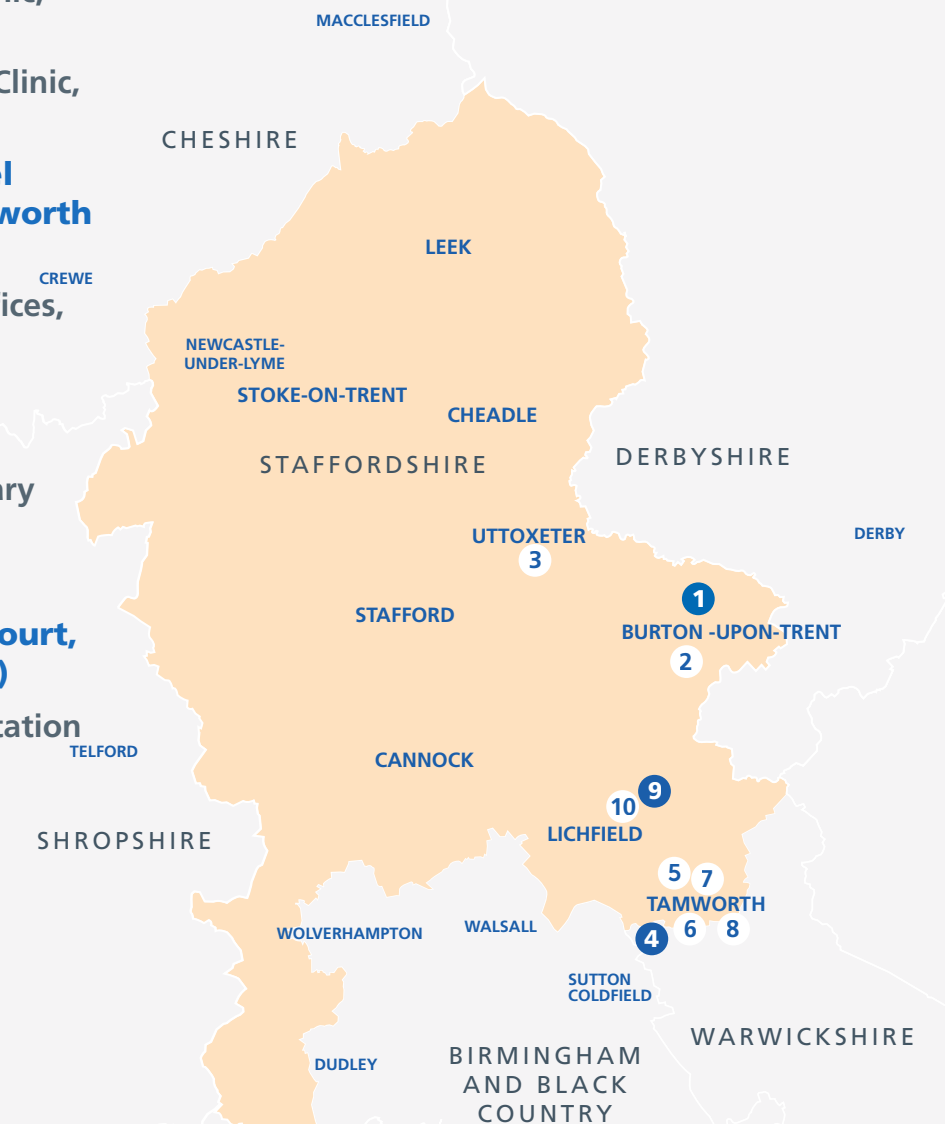
People can visit convenient local venues for a range of services, like group therapy sessions, memory clinics, and the clinics that carry out important physical health checks for people with mental health problems.

There are lots of community venues across south east Staffordshire, with the 'hubs' (those offering the most services) shown in bold on the map below.

MPFT is working to reinstate Cherry Orchard House in Tamworth as another community venue once refurbishment works are complete.

Community venues for mental health services

1. **Horninglow Clinic, Burton (hub)**
2. Cross Street Clinic, Burton
3. Balance Street Clinic, Uttoxeter
4. **Sir Robert Peel Hospital, Tamworth (hub)**
5. Humankind Offices, Tamworth
6. Merlin House, Tamworth
7. Tamworth Library
8. Manna House, Glascote
9. **St Michael's Court, Lichfield (hub)**
10. Lichfield Fire Station



How we are supporting older adults with dementia and/or severe mental illness

Improving access to care

Older adults can have complex needs. Without the right help, it could be challenging to find all the support that's needed.

Since the George Bryan Centre closed, an **older adult specialist** is now involved when a patient or carer first gets in touch to ask for help. They help to get the right teams in place for each patient, and to speed up the process.

Crisis support and avoiding hospital admission

The **Hospital Avoidance team** (HAT) does the same job as the crisis team but works with older adults. The team provides support at home to help older people stay out of hospital. It includes older adult specialists who understand the complex needs older people can have, including frailty. The team offers phone calls and home visits, and carers can call for help in a crisis.

Support for carers

We are developing a new **home sitting service** to support carers who need a break during the evening or at weekends. The crisis team will refer patients to this service, which will give carers some much-needed time to themselves, while their loved one is looked after in their own home.

Support from the voluntary sector

Our voluntary sector partners supporting older adults include:

- [Alzheimer's Society dementia advisers](#) supporting patients at home
- [Mental Health Matters](#), who are supporting older adults after a hospital stay and connecting them with community groups that can offer ongoing support
- [Mase Group](#) (Monthly Alzheimer's Support Evening) in Stafford providing dementia support
- [Burton Mind](#) providing the home sitting service mentioned above.



Case study

Janet is 81 and lives alone in the Lichfield area. About 18 months ago, her daughter, Kate, noticed that her mum's memory didn't seem so good, and that she was sometimes confused. Janet's personality seemed different, and she got angry when Kate suggested she ask for help.

Janet had a fall at home after taking an overdose of a prescription medication and was taken to A&E. While staying in hospital for treatment for the fall, she was assessed by a consultant psychiatrist, because there were concerns about her mental health. She was diagnosed with early dementia. A community mental health nurse met with Janet and Kate to discuss the help that could be put in place.

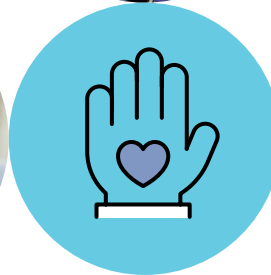
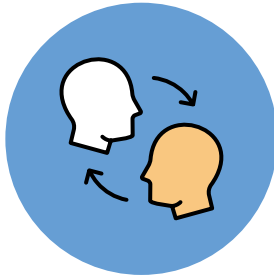
When Janet came back home, she had daily phone calls or home visits from the community nurse and a healthcare support worker.

The support worker looked for community groups for Janet to get involved with, and she was stabilised on medication for mood.

The nurse knew that things were difficult at weekends, and that Kate could not always be there to help her mum. So she asked the Hospital Avoidance team (HAT) to support Janet and Kate out of hours and at weekends.

The community nurse contacted social care to arrange a carer's assessment. Janet now has a care package in place, which includes a carer visiting to help her with washing and dressing.

You can read more case studies on our [website](#).



Mental healthcare for patients who need a hospital stay

Our vision for care in hospital

We want to deliver the best care in hospitals we can, to provide:

- quick and timely access to the right clinicians
- access to a range of staff who can support patients' complex needs, for example dieticians, drug and alcohol experts, and therapists
- facilities like seclusion rooms for patients when they are angry or at risk of harming themselves or others
- a calm and supportive environment
- continuity of carer, with a team that is big enough to adapt to staff sickness, but is known and trusted by the patient
- shorter hospital stays, to help you maintain your independence.

St George's Hospital

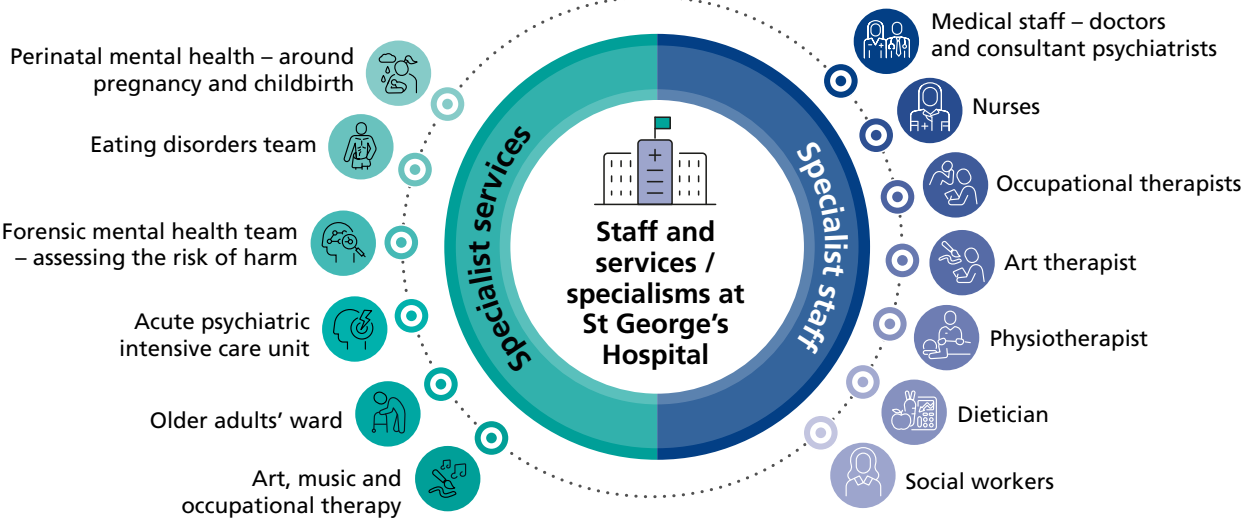
St George's Hospital, where we propose keeping the 18 beds, has a range of highly trained staff who give treatment and care to patients with severe mental illness during an inpatient stay.

There is a national and local shortage of these skilled staff, so they need to work in larger, specialist centres to offer support to more patients.

This diagram below shows the specialist staff, teams and facilities at St George's Hospital.

Sometimes it can be necessary to travel further from home for specialist treatment – for mental healthcare as well as physical healthcare. Although some families would experience difficulties with the additional costs and travel time needed to visit loved ones at St George's Hospital, this may be balanced by the advantages for patients in terms of the specialist treatment they can receive there.

Staff and services / specialisms at St George's Hospital

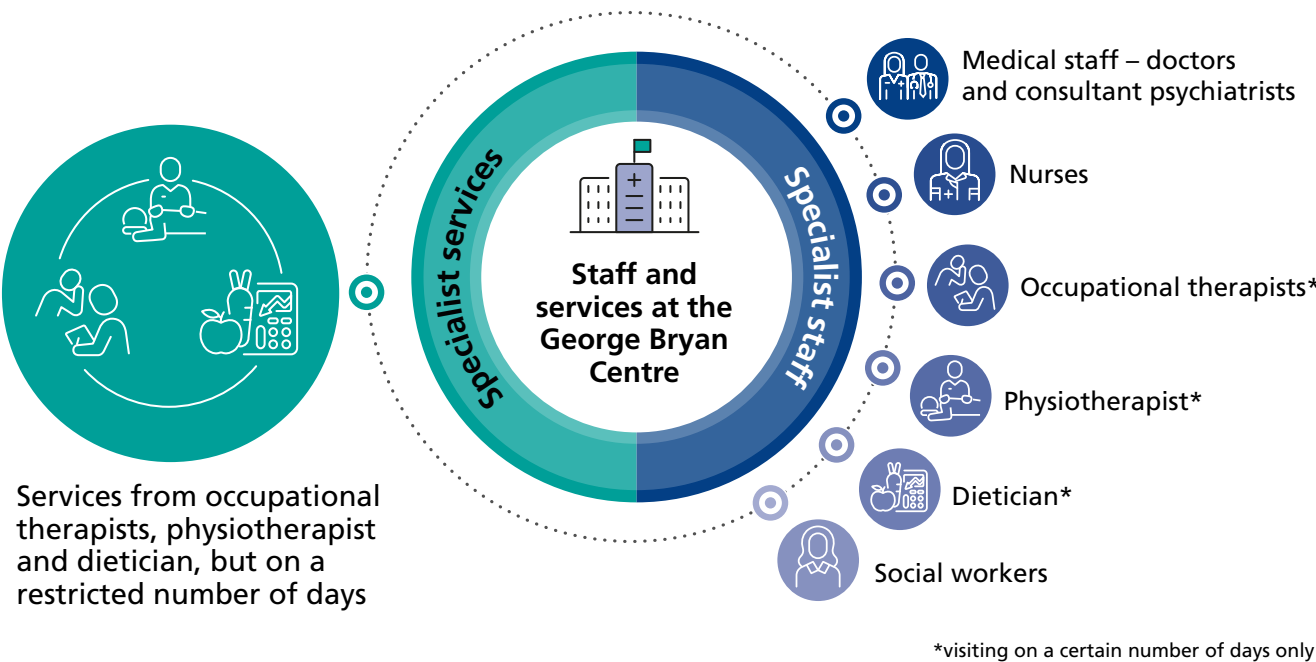


George Bryan Centre

The George Bryan Centre was a small, standalone unit with two wards. The diagram below shows the staff and services at the centre.

If we reinstated beds at the site, it would have only one ward, for patients with severe mental illness. We would not re-open a ward for older adults with dementia, because the national best practice is to care for people with dementia in their own home or community.

Staff and services at George Bryan Centre



The proposal: a summary

Our clinicians and experts have recommended that we make the changes we made in 2019 permanent. This means keeping the 18 mental health beds at St George’s Hospital.

Our clinicians and staff also considered a proposal to reinstate 18 beds for patients with severe mental illness on the George Bryan Centre site. However, the evidence considered by our clinicians and managers shows that an isolated ward at the George Bryan Centre would not:

- be clinically safe
- be sustainable in terms of staffing
- provide the same high-quality care that patients could access at the specialist site at St George’s Hospital.

We give information to help explain each of these points in the next two pages. You can find more detailed information in our business case and appendices on our [website](#).

Having a sustainable workforce – being able to recruit and keep staff









There is a serious national shortage of:

- mental health nurses
- allied health professionals (AHPs – like dieticians, occupational therapists, and art and music therapists).



With these important roles in short supply, we need to plan for how we can recruit staff and keep them with us.

It is easier to recruit staff to bigger hospitals, where teams are larger and have a wider mix of skills. Staff benefit from working in bigger hospitals because they can learn more and gain wider experience. They become more skilled, which is good for patient care.


Data about job vacancies at the George Bryan Centre at the end of 2018 (its last full year), shows that it had a higher rate of job vacancies compared with St George’s Hospital in December 2021:

Unit	 St George’s Hospital	 George Bryan Centre
Date	 End December 2021	 End December 2018
Job vacancies	 21.23 (whole-time equivalent)	 12.43 (whole-time equivalent)
Vacancy rate	 About 1 in 10 jobs needed to be filled	 About 2 in 10 jobs needed to be filled

Having a sustainable workforce – being able to recruit and keep staff



	Under the proposal (keeping the 18 beds at St George’s Hospital)	If 18 beds were reinstated at the George Bryan Centre
 Recruiting and keeping staff	Lower vacancy rates at St George’s Hospital suggest it will be easier to recruit and keep staff here compared with the small, standalone site.	Higher vacancy rates at the George Bryan Centre when it was open may be repeated in future. It is harder to recruit staff to work in smaller, isolated units. There are fewer opportunities for staff to gain wider experience and skills when working in small units compared to bigger specialist sites. If not enough permanent staff can be recruited, there could be additional costs in paying agency staff.
 Impact on staffing at the main mental health hospital	No impact	Some staff would have to transfer there from St George’s Hospital, impacting on patient care at the bigger site Extra travel time for specialist staff visiting the George Bryan Centre to provide the full range of services – a less efficient use of the workforce.



High quality of care		
	Under the proposal (keeping the 18 beds at St George's Hospital)	If 18 beds were reinstated at the George Bryan Centre
 <p>Outcomes for patients are better when they have access to a wider range of treatments, therapies and activities, provided by specialist staff.</p>	<p>Larger staff, with a broader range of skills, at St George's Hospital means patients benefit from:</p> <ul style="list-style-type: none"> • more specialist medical care • therapies such as art and music therapy provided by on-site specialists. <p>Location makes it easy for patients with approved leave to go into Stafford town centre, which supports their recovery and independence.</p>	<p>There would be no on-site specialists to provide art and music therapy.</p>
 <p>National best practice is for hospital stays for severe mental illness to be kept as short as possible.</p> <p>For example, the NHS Long Term Plan promised to work with units where the typical length of stay was longer than the national average.</p>	<p>Average length of stay for patients at St George's Hospital since 2019:</p> <p>22.94 days (12 Feb 2019 – 23 Nov 2021)</p>	<p>Average length of stay for patients at the George Bryan Centre:</p> <p>30.62 days (11 Feb 2017 – 11 Feb 2019)</p>

“The panel heard how lengths of stay for patients at St George's are now reduced compared with 2019 and earlier, and [are] one of the lowest in the country. This has been achieved through safe centralised care on a single site now being far more resilient and efficient, with very few patients requiring out of area care.”

West Midlands Clinical Senate, 'Report of the Independent Clinical Senate Review Panel', July 2022.

Patient and staff safety		
<p>When the George Bryan Centre was open, it did not have a psychiatric intensive care unit or seclusion rooms. Patients who suddenly became more unwell often needed transfer to St George's Hospital. Transfers could take up to six hours because secure transport was needed. This was not good for the patients' care.</p> <p>With fewer staff at the centre, the numbers of police call-outs was high compared to St George's Hospital, given the lower number of patients at St George's Hospital. (See section 3.5.3 of the business case on our website.)</p>		
	Under the proposal (keeping the 18 beds at St George's Hospital)	If 18 beds were reinstated at the George Bryan Centre
 <p>Psychiatric intensive care units and seclusion rooms are important for keeping everyone safe when a patient with a severe mental illness has a crisis.</p> <p>Psychiatric intensive care units are more secure and have higher staffing levels than ordinary wards, as well as offering intensive treatment.</p> <p>Seclusion rooms are used for short periods to keep patients in crisis, and other patients and staff, safe.</p>	<p>Facilities and specialisms at St George's Hospital:</p> <ul style="list-style-type: none"> • Psychiatric intensive care unit for male patients • Seclusion rooms • Forensic psychiatry specialists who assess the risk of patients harming themselves or others. 	<p>There would still not be a psychiatric intensive care unit or seclusion rooms – because this would be a small unit with only one ward.</p> <p>The centre would be remote from the larger St George's Hospital site so staff from St George's would not be able to get there quickly to offer support.</p> <p>There would still be fewer staff to support each other in an emergency.</p>
 <p>In bigger hospitals, staff can move between wards and provide cover when colleagues are absent. This makes things safer for patients and staff, especially in an emergency.</p>	<p>St George's Hospital has:</p> <ul style="list-style-type: none"> • Two wards for older adults • Six wards for adults with severe mental illness • Other specialist wards • More staff to support in case of emergency (182 WTE) • Staff, particularly support workers, can move between wards as needed. 	<p>At the George Bryan Centre, there would only be one ward.</p>

Disadvantage of the proposal: travel for visitors

From listening to patients and carers, we have heard that your biggest worry is around travelling to visit loved ones at St George's Hospital in Stafford, compared with visiting at the George Bryan Centre.

You have told us how hard it can be if you depend on public transport.

- We know that public transport does not cover all areas in Staffordshire, which means people need to walk to their local public transport connection
- Lack of direct services can mean getting two or three buses each way. This is especially difficult for older carers or family members
- Buses don't run all evening, so it is hard for some family members to visit in the evenings. This could mean they can only make visits on their days off.

Because of rising fuel prices, you have also told us that you are worried about the cost of travel, whether by public transport or by car.



Weighing up travel difficulties against other considerations

We know that visits and support from family, friends and carers are very important to patients in hospital, and that they support their wellbeing and recovery.

In recommending that we keep the mental health beds at St George's Hospital, we have thought carefully about the potential disadvantage caused by travel difficulties for some patients and carers.

There are potential advantages of the proposal that may **mitigate** (make up for) the travel disadvantages.

- Better care through on-site access at St George's Hospital to a bigger range of mental health specialists, more treatment options and activities, and the safer care that the facilities help provide
- Getting the right specialist treatment means that hospital stays can be shorter and people are helped to stay independent
- Our community mental health services are giving better support to people with severe mental illness in the community, so that fewer people need to stay in hospital
- We are improving our services to offer better support for people in crisis.

We have carried out a travel analysis, which looked at admissions to mental health hospital beds after the fire (up to July 2022).

There were 1,155 admissions of 783 individual patients (because some patients had more than one hospital stay) who lived in south east Staffordshire.

The analysis found that, while the George Bryan Centre was still open, **75% of patients from the same areas went directly to St George's Hospital, rather than the George Bryan Centre.** For many of these patients, this was because their illness was too serious for them to be treated at the George Bryan Centre. They needed the specialist treatment they could receive at St George's Hospital.

Analysis suggests that only five patients per month from this area would have been admitted to the George Bryan Centre between February 2019 and July 2022.



Sometimes it is necessary to travel for specialist care

If you need a hospital stay, you should expect to receive the best care from our specialist mental health teams. They are used to dealing with the most complex and serious needs.

Like cancer, stroke, cardiology (heart) and other specialist services, these teams work in our major hospitals, as they need to maintain their skills by seeing larger numbers of patients. They are also in high demand, so we need to use them to the maximum benefit for everyone.

Like travelling for cancer treatment, it does potentially mean a longer journey for visitors. We recognise the important role visitors have for mental health patients, and we are balancing this against the need to deliver the best quality care.

How we can support patients, families and carers

We understand that visits are very important for patients, families and carers, and we are exploring ways to help manage any impact on this. The views and comments you give us during this consultation will help inform our travel policy.

During the COVID-19 pandemic, Midlands Partnership NHS Foundation Trust used digital devices, including tablets, so that people on their wards could speak to (and see) their loved ones at home. This was done through a video consultation platform called OneConsultation and Microsoft Teams. They will continue to do this so that people can keep in touch during hospital stays.

We want to hear your views as part of this consultation about how we can support patients and carers if we decide to make these changes permanent. We are open to hearing further suggestions.

What the proposal means for you

These case studies show how care has changed since the George Bryan Centre closed.

Patients with dementia have better support in the community, with new teams like the Hospital Avoidance team, available seven days a week to help support people with dementia in crisis at home and prevent hospital admissions.

Patients with severe mental illness are more actively involved in planning their care with their key worker, who looks at the bigger picture of their needs. This helps ensure support with physical health needs, and social needs like connecting with other people and meaningful activity as well as help with problems like addiction.



Previous care: admission to the George Bryan Centre

Bettina is 83 and was diagnosed with dementia five years ago. In 2018, when she became increasingly aggressive, she had a stay at the George Bryan Centre's **East Wing**, which gave her husband, Joe, some respite. Although the staff were lovely, they always seemed very busy as there was a member of staff off sick.

The consultant psychiatrist mentioned that music classes might help Bettina, but they were not available at the George Bryan Centre. However, because the George Bryan Centre was near home, Joe was able to visit most days, which was good for Bettina.

Bettina had to stay in hospital for several weeks, and over time she became increasingly depressed and stopped eating.

This affected her physical health to the extent that she needed more treatment and was losing her independence.

Carolyn, now aged 58, had a stay in the George Bryan Centre's **West Wing** in 2018. Carolyn had been unwell for many years with more than one mental health condition, physical health problems, and addictions. She had lived in lots of different places, so had inconsistent care from different mental health teams. She was sometimes hostile to the people looking after her, believing that they were not 'on her side'.

One night during her stay in the West Wing she became violent – hitting staff. The police were called to help safely restrain her. In the end, Carolyn needed to go to St George's Hospital, but it took hours for the secure transport to arrive.



How it could work under our proposal

When **Bettina's** dementia made her angry and aggressive, it was difficult for Joe to cope. Apart from family, he wasn't sure where to turn for help. But his daughter contacted the mental health helpline. A nurse with specialist knowledge of older adult care offered advice over the phone and came to visit within 24 hours.

Bettina has a named care worker, who works with her GP and social care worker, and she has a care plan in place. The different teams in the community work together to give support, including the Hospital Avoidance team (HAT), who can help in the evenings and at weekends. For example, if Bettina gets aggressive around bedtime, Joe can call HAT, and they will visit if necessary.

Her healthcare support worker looked for community support groups that Bettina could join. She put Joe and Bettina in touch with the local carers group and music groups where they go once a week. Getting out during the day, having a routine and things to do, are all very helpful for Bettina. By the evening she is tired, and less likely to get frustrated and angry.

Carolyn has been getting help from the community mental health services. They have tried to involve her in planning her care, so she does not feel she is being forced into things. Her key worker co-ordinates her care and makes sure she

has the right help for her physical health problems and addictions, as well as the medication and therapy she needs.

Carolyn feels at her best when she has company and plenty to do. So she has been supported to find fitness classes, a community choir, and voluntary work. She has needed a few visits from the Crisis Home Resolution Treatment team, who have helped her at home.

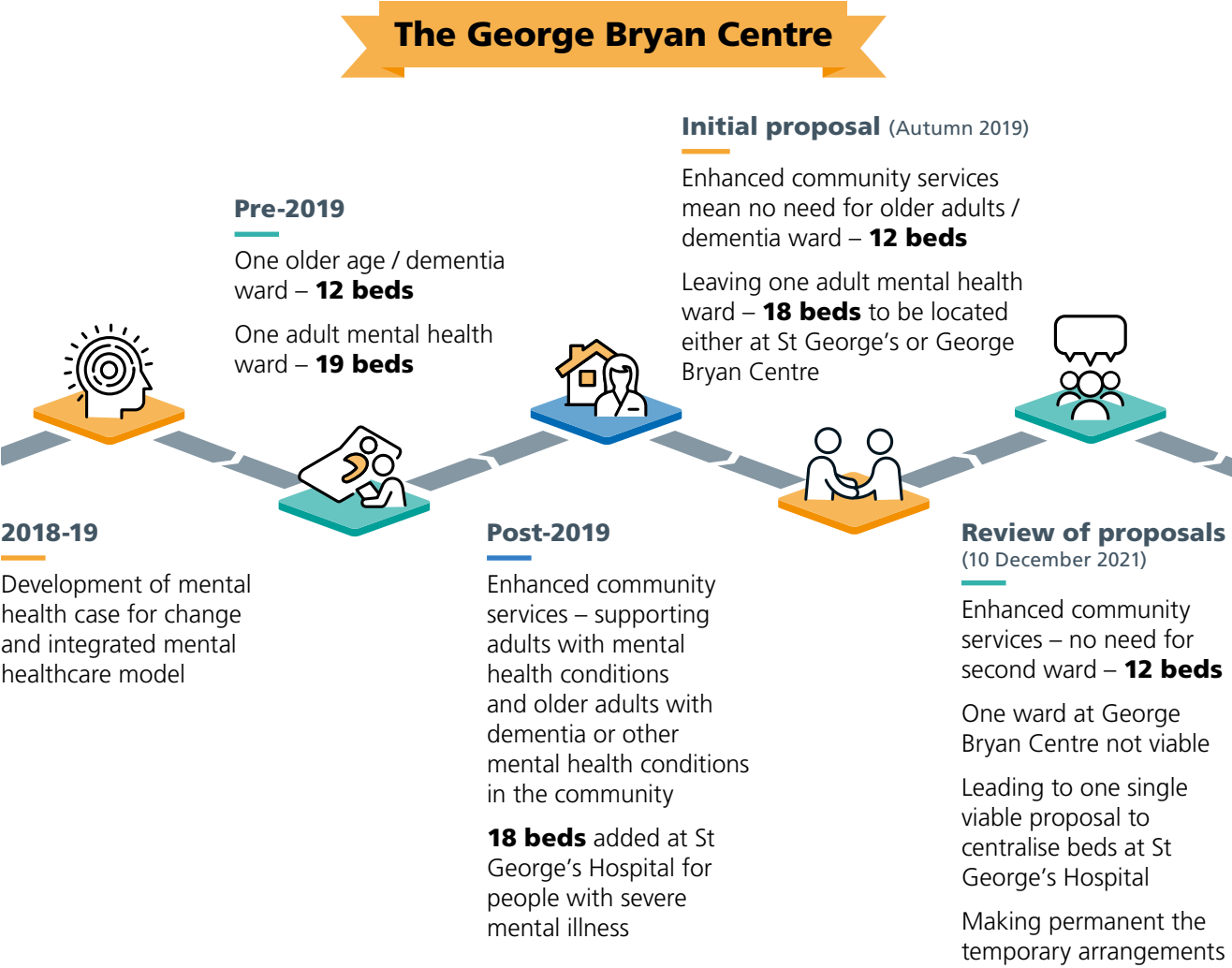
After three years without needing a hospital stay, Carolyn's condition worsened after a family member died. Her care worker met Carolyn and they agreed it would be best for her to be admitted voluntarily to St George's Hospital. A team of specialists were on site to help Carolyn manage her medication. One night she became upset and violent towards other patients, but the staff were able to help her safely and calmly recover.

Two weeks later, Carolyn is back on her medication and has a care plan. She is now well enough to leave the hospital for walks to the local park and into town. She has regular calls on the iPad from her sister, who is able to reassure her and is looking forward to visiting her at the weekend. If all goes well, she will go back home in two weeks. The staff have already been working with the community teams and the voluntary sector to have meals waiting and support available.

How did we reach this recommendation?

After listening to your views and completing a detailed analysis of all the data and information about what services people need, we designed our proposed model. This section describes how we developed our proposals.

This diagram shows the development of the proposal.



Listening to your views

We started our conversation with local people in 2019 to understand what worked well and what could be improved in our services. In autumn 2021, we held another listening exercise to understand any new experiences following the COVID-19 pandemic and sense-check our proposals in this 'new normal'.

We continue to listen to your views, and this consultation is the next stage in this conversation.

You can find out more about our involvement work to date on our [website](#).

Actions we have taken after hearing your views

What you have told us:	What we have done, or will do:
You are worried about travelling to see a loved one at St George's Hospital.	We are asking for your views on our travel policy as part of this consultation.
You are worried about how to keep in touch if travelling is not practically possible, or too expensive.	We will help you keep in touch through digital technology – we recognise some people may need equipment and support to use these tools. MPFT's website has a page offering support and guidance with digital skills.
You are worried about the lack of mental health services in your area to replace the George Bryan Centre.	We have enhanced our community mental health services. You can read more about these services on pages 10-15 .
You are worried about lack of crisis support in your area.	A crisis café has opened in Tamworth, offering a safe space, emotional support and information.
More help should be available before someone reaches crisis point.	We have redesigned our community services to help people get support more quickly. For example, having your first appointment at your GP practice with a mental health nurse, instead of having to wait for your GP to refer you.
You have felt isolated and it has been difficult to find the help you needed.	We have been working to make services easier to find and access. For example: <ul style="list-style-type: none">• a single phone number for the 24/7 helpline, which anyone can use to ask for help• for older adults, a specialist involved at an early stage to help find the right services and support for complex needs• more support for carers, for example the new out of hours home sitting service.

From two proposals to one viable proposal

In 2019, two potential proposals were identified, as shown below. Under both proposals, our enhanced community mental health services would continue to look after the majority of patients, who do not need a hospital stay.

To keep the 18 beds at St George's Hospital

- Patients who need to stay in hospital for treatment would be admitted to St George's Hospital in Stafford
- The 18 beds would be for adults of any age experiencing a severe mental illness.

To provide beds at the George Bryan Centre site

- We would provide a ward with 18 beds at the George Bryan Centre site
- These beds are for adults of any age experiencing a severe mental illness
- We would not replace the 12-bed ward for patients with dementia, as it would not be needed. National best practice is to care for people with dementia in their own home or their community.

Expert review of the proposals

Clinicians and staff from Midlands Partnership NHS Foundation Trust (MPFT) and the former NHS clinical commissioning groups met as a technical group throughout this journey to develop proposals. (MPFT provides the services at St George's Hospital and previously provided the services at the George Bryan Centre.)

In autumn 2021, we ran two online events and a survey, to ask patients and interested groups if there was anything new we needed to consider since the COVID-19 pandemic.

After this involvement, our technical group met in December 2021 to examine all the evidence that had been gathered. A representative from Healthwatch Staffordshire was also at the technical group to champion the patient voice.

The group assessed whether both proposals were **viable** (realistic and achievable). They checked the proposals against the **essential criteria** agreed in 2019. Essential criteria set out the most important questions we need to answer about whether a proposal is going to work:

- **Clinical sustainability** (can we safely deliver services now and in the future)
- **Strategic fit** (does it fit with local and national strategies)
- **Meeting the needs of the population** (does it support local people who need our care).

The group also reviewed the proposals against three **additional criteria** (less important than essential criteria but still important):

- **Demand and capacity** (how much demand is there for the services, now and in the future, and can we meet it?)
- **Workforce sustainability** (can we keep enough trained staff over time?)
- **Estates** (buildings).

The group considered how our local community mental health services have been enhanced in line with the national guidance. This means that we do not need a ward for older adults with dementia, as they are looked after in their usual home.

They also looked at what we have learned from COVID-19, for example the use of devices to allow patients and family to keep in touch online.

They looked at potential problems if beds were reinstated in an isolated unit at the George Bryan Centre site:

- clinical safety, because there would be limited numbers of specialist staff and no psychiatric intensive care unit there
- potential destabilisation of workforce at St George's Hospital.

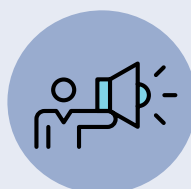
Based on these criteria and these considerations, our panel recommended that only one proposal was viable: to keep the beds at St George's Hospital in Stafford and maintain the enhanced community offer.

Testing this recommendation

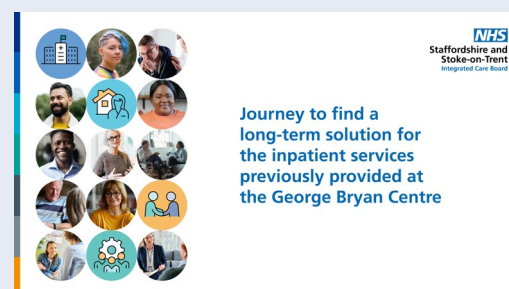
Following the panel, we set up a reference group of patients, public, interested groups and the voluntary sector. Healthwatch Staffordshire also attended. The group met in March 2022 and reviewed the recommendations from our panel. We asked the group to:

- consider the recommendations
- discuss if there was anything else we should consider in the business case
- tell us about anything we could do to reduce negative impacts.

This group shared the concerns about the impact on travel time and cost for visitors. However, no other proposals were suggested that were viable.



You can also view this animation which explains our journey so far on our [website](#).



Further detailed analysis

Informed by the feedback shared at the reference group and the recommendations of the panel, we then carried out further analysis to inform our detailed business case. As well as workforce and data on demand, we developed:



Travel impact analysis (public transport and car ownership)

You can read about the proposal's impact on family and carers travelling to Stafford on [pages 22–23](#). You can find more detailed information on our [website](#).



Quality Impact Assessment (is our proposal clinically safe?)

MPFT carried out a Quality Impact Assessment (QIA). This looks at how MPFT monitors quality of care.

The QIA is an appendix of the business case on our [website](#).



Equality Impact Assessment (who would be negatively impacted by the proposal?)

MPFT completed an Equality Impact and Risk Assessment (EIRA) in March 2022. It found the proposal had positive impacts for most groups. It found a potential negative impact for those carers and family members who would need to travel further to visit a patient staying in St George's Hospital in Stafford.

The full EIRA is an appendix of the business case on our [website](#).



Financial analysis

Our priorities have been ensuring clinical safety and that we have enough well-trained staff for the long term. However, to ensure due diligence (proper approach), our finance teams completed a detailed financial analysis on both proposals in spring 2022.

This showed that the cost of rebuilding the George Bryan Centre would be £11.37 million. This proposal was discounted because it is not viable on the grounds of clinical safety and workforce.

You can read more about the financial analysis in section 3 of the business case on our [website](#).

What is a business case?

A business case is an in-depth document which provides a lot of information before a service change is put in place. Our business case sets out the detail of our proposal, but this does not mean that a decision has been taken.

The views and information we gather in this consultation will help inform our **decision-making business case**.

We followed a tried and tested process to develop our recommendation. This includes making sure that it met the **five national tests** set out by NHS England:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base
- Support for proposals from clinical commissioners
- Satisfying the new patient care test for hospital bed closures, by:
 - Enough community provision in place alongside any bed closures
 - Workforce available to deliver the new model
 - Credible plan to improve performance without affecting patient care.

Assurance

The **West Midlands Clinical Senate** is an independent expert panel of clinicians (doctors and consultants). They considered our clinical model (plan), the proposals and the process we had been through to make sure we were not planning to do anything that would be unsafe and that we are delivering the best care for patients.

They made some recommendations that we have responded to in our business case, and supported our proposal.

You can read their final report on the West Midlands Clinical Senate's [website](#).

The business case was reviewed by both the Board of **Midlands Partnership NHS Foundation Trust** (30 June 2022) and the **Staffordshire and Stoke-on-Trent NHS Integrated Care Board** (18 August 2022).

We kept people updated about the process we were going through, by sending regular updates and publishing updates on our website.

NHS England has told us they are assured that our proposal meets the five tests for service change as well as other good practice tests.

We have also been advised by the Consultation Institute to make sure that we have followed best practice along the way.

What happens next

This consultation will run for six weeks from Thursday 9 February 2023.

The responses received during the consultation will be analysed by Midlands and Lancashire Commissioning Support Unit and a report will be produced.

The report will be carefully considered by the Staffordshire Health Overview and Scrutiny Committee and the Staffordshire and Stoke-on-Trent NHS Integrated Care Board (ICB). The ICB is legally responsible for making a decision. Their meeting about this will be held in public, and we will publish all the relevant documents on our [website](#).

Once the ICB has made its decision, we will keep you informed.

We will continue to work with NHS England and the Consultation Institute who will monitor our decision-making process.

Ways to have your say

We welcome all responses to this consultation. The deadline for responses to the survey is **midnight on 23 March 2023**.

Complete the survey:

- You can fill in the survey online on our [website](#)
- On our website you will also find details of upcoming consultation activities, background documents and more information about this consultation
- If you do not have access to the internet, please phone us on **0333 150 3069** for a paper copy of the survey and send it to:

Freepost Plus RTAA-XTHA-LGGC

Communications
Heron House
120 Grove Road
Stoke-on-Trent
ST4 4LX

Take part in our online events:

- Friday 3 March 2023, 1pm – 4pm
- Thursday 9 March 2023, 10am – 1pm.

Visit our website to register for an event.

Come to our drop-in roadshows:

- **Lichfield Library**
Thursday 23 February, 10.30am – 2.30pm
- **Asda, Ventura Road, Tamworth**
Monday 6 March, 10.30am – 2.30pm
- **Burton Library**
Friday 10 March, 10am – 2pm
- **Asda, Octagon Centre, Burton**
Friday 17 March, 10.30am – 2.30pm.

We may have to make changes to times or venues, so please check our website for updates. If you don't have internet access, call us on **0333 150 3069** for the latest information.

If you would like printed copies of the documents, need documents in different formats or languages or need help to complete the survey, please phone us on **0333 150 3069**.

If you have additional feedback you would like to share, you are welcome to send this to us by email or through our Freepost address ([see page 32](#)).

We will also be carefully monitoring social media during the consultation:

Tweet us [@staffsstokeich](#)

Follow us on Facebook at [StaffsStokeICB](#)

If you would like regular updates on the development of the long-term solution, email us at mlcsu.involvement@nhs.net and we will add you to the mailing list.



Where to find more information

To help you to understand our proposals and give your views on them, we have a range of information available on our dedicated [website](#).

On the website you will find:

- a link to the online survey
- accessible versions of our consultation document and survey
- a summary version of this document
- our business case, including our detailed analyses
- case studies
- animations
- frequently asked questions.

Accessible formats

If you need printed copies of the documents, need documents in different formats or languages please call us on **0333 150 3069**.

إذا كنت بحاجة إلى نسخ مطبوعة من الوثائق، أو إذا كنت بحاجة إلى الوثائق بتنسيقات أو لغات مختلفة، فالرجاء الاتصال بنا على **0333 150 3069**.

Ако Ви трябва копия от документите на хартиен носител, в различни формати или на други езици, моля, обадете ни се на тел. **0333 150 3069**.

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Ja Jums ir nepieciešamas izdrukātas dokumentu kopijas, dokumenti dažādos formātos vai valodās, lūdzu, zvaniet mums pa tālruni **0333 150 3069**

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