

OUT OF AREA TREATMENTS IN MENTAL HEALTH

THE LEEDS SITUATION 2004 TO 2008

REPORT BY LEEDS HOSPITAL ALERT

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EXECUTIVE SUMMARY

Out of Area Treatments in mental health (OATs) means Leeds patients due for admission to a mental health bed being placed not in a Leeds psychiatric hospital but in one elsewhere in the country.

This Report is produced by Leeds Hospital Alert, an independent group campaigning for NHS services in Leeds. Leeds Hospital Alert decided to investigate the use of Out of Area Treatments for Leeds mental health patients, and did this by asking Leeds Partnerships NHS Foundation Trust and NHS Leeds a number of questions about Out of Area Treatments for the period 2004 – 2008.

The information collected showed that:

1. The number of patients sent outside Leeds for treatment rose from 23 in the first 12 months studied to 226 in the fourth 12 month period, a tenfold increase.
2. In the year April 2007 to March 2008, this amounted to 8% of all those admitted as Leeds mental health in-patients. If trends continue, soon one in ten patients will be sent out of Leeds for treatment.
3. Almost two-thirds of placements outside Leeds were in private, rather than NHS, hospitals. Most of the private placements were with one provider, Cygnet. This represents a “creeping privatisation” of the mental health service, about which Leeds people have not been consulted.
4. There was a huge geographical spread of placements, with patients being sent as far afield as Middlesbrough, Kendal, London and Kent. The great majority were in Bradford or Harrogate.
5. From 2004 to 2007, Out of Area Treatments cost £4,407,941. The average cost per day rose over the period, from £447 to £456. Most of this expenditure must have gone to private providers.
6. In April 2008, the Partnerships (Mental Health) Trust set up the Out of Area Treatment Team to manage these placements. This indicates that the Trust expects Out of Area Treatments to remain a significant part of the service, if not to grow and become more important.
7. The Partnerships Trust considers that Out of Area Treatments are the result of lack of capacity (beds) in Leeds. The Primary Care Trust, however, states that it purchases enough beds for the population.
8. There are a number of policy and legal issues arising from the use of Out of Area Treatments, especially in relation to the Human Rights Act and equality legislation.
9. The fact that many Leeds people are being sent miles across the country to be treated in private hospitals raises important questions about their right to be treated near their home, family and friends, their right to locally available aftercare and support, and the economic justification (if any) for the cost involved.

Recommendations to NHS Leeds, to Leeds Partnerships Trust, to the Strategic Health Authority and to the Care Quality Commission arising from the Report are:

1. Leeds people should be treated in Leeds facilities.
2. Leeds people should be treated in NHS facilities.
3. Service commissioners should investigate and report on, as a matter of urgency, the social, psychological and economic benefits of treating patients in Leeds NHS facilities as opposed to sending them many miles outside the city
4. An assessment of the impact of Out of Area Treatments in terms of the Mental Health Act, the Human Rights Act and equality legislation should be undertaken.
5. For people who need specialist services currently unavailable in Leeds, there should be better specialist services in Leeds itself.
6. Where there is no reasonable alternative to an Out of Area Treatment, this should be accompanied by a full range of support offered to patients and to their family and carers.

BACKGROUND TO THE REPORT

Leeds Hospital Alert

This Report has been produced by Leeds Hospital Alert, a non-party political campaigning group set up in the 1980s to support the principles of the NHS and to monitor developments in health services in Leeds.

Leeds Hospital Alert has campaigned on the Private Finance Initiative, Foundation Trust Hospitals and the Delayed Discharges Act, and especially how they affect Leeds people.

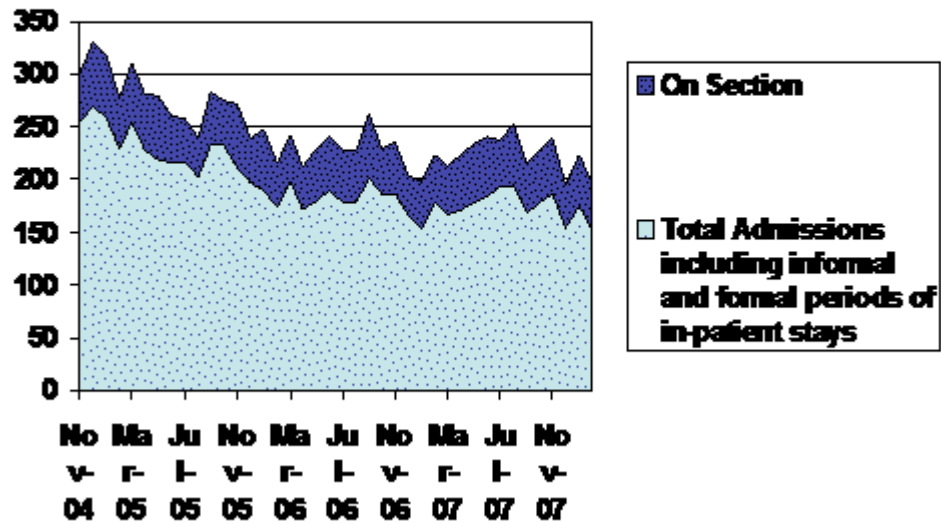
In campaigning work, Leeds Hospital Alert has worked with Leeds MPs and councillors, and has met with senior managers from NHS Leeds (the former Primary Care Trust), Leeds Partnerships NHS Foundation Trust (for mental health and learning disabilities) and the Social Services Department. Leeds Hospital Alert has also profiled its work through the media in Leeds, press, radio and television.

Leeds Hospital Alert celebrated the sixtieth anniversary of the NHS in central Leeds in 2008.

Out of Area Treatments (OATs)

Out of Area Treatments, known as OATs, are an increasingly important part of the service provided for patients with mental health problems in Leeds. Basically, an OAT means that a patient who is due for admission to a mental health bed is placed not in a Leeds mental health unit but in a one elsewhere in the country.

Fig. 1 Leeds Partnerships NHS Foundation Trust In-Patient Admissions by month 1/11/04 to 29/2/08



The background to the use of OATs is that of major changes in the make-up of the mental health service in Leeds, and across the country in general. Over recent years, there has been a steady reduction in in-patient beds for people with mental health problems, and a national policy emphasis on the creation of Crisis Resolution and Intensive Home Treatment services in place of the lost beds. The Leeds Crisis Resolution and Home Treatment Team was set up in November 2004.

There was a reduction in beds with the inception of the Crisis Resolution and Home Treatment Team. The total number of admissions of in-patients to mental health units has fallen but the number of people on Section has stayed fairly stable. (Figure 1).

Despite fewer in-patient admissions and the setting up of new services, it has become apparent that the use of OATs has become increasingly significant for patients and the service as a whole.

Leeds Hospital Alert therefore decided to ask a number of questions of NHS Leeds and the Leeds Partnerships Trust, as they are jointly responsible for the care and treatment of Leeds people admitted to mental health beds. They are respectively commissioners and providers of services for people with mental health problems.

Questions asked and information received

Concern about the use of OATs in mental health gave rise to a number of questions. These included:

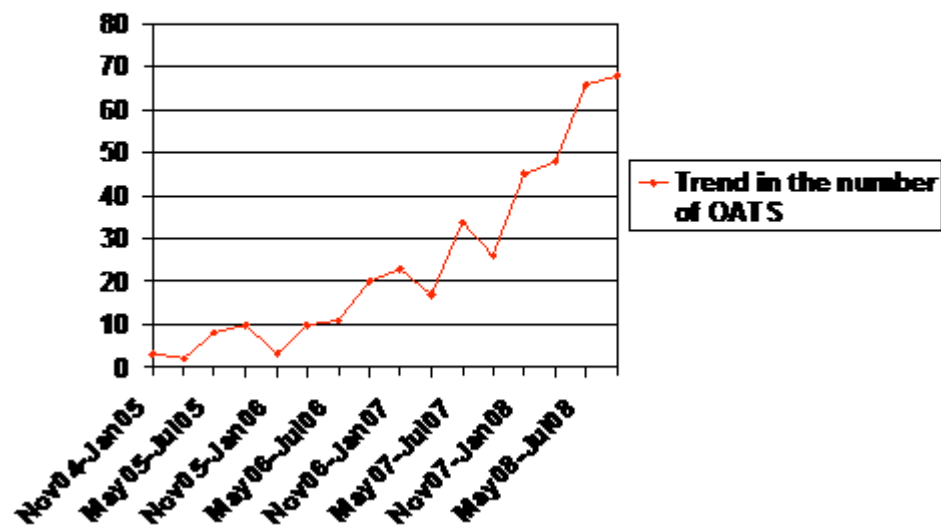
1. Has the number of OATs increased?
2. What was the profile of patients subject to OATs?
3. Where were patients sent both in terms of geographical location and the type of unit concerned (NHS or private)?
4. Why was an OAT chosen instead of admitting the patient to a Leeds unit?
5. How were aftercare and arrangements for carers dealt with for OATs?
6. What was the cost of OATs?

A total of 28 questions was sent to the two Trusts. The period covered was from the start of the Leeds Crisis Resolution and Home Treatment Team in November 2004 for the four years up to November 2008. Data for some questions was only available for the period April 2007 – March 2008

FINDINGS: OATS IN MENTAL HEALTH

Number of OATs

Figure 2 Number of OATs November 2004 to October 2008 by three month periods

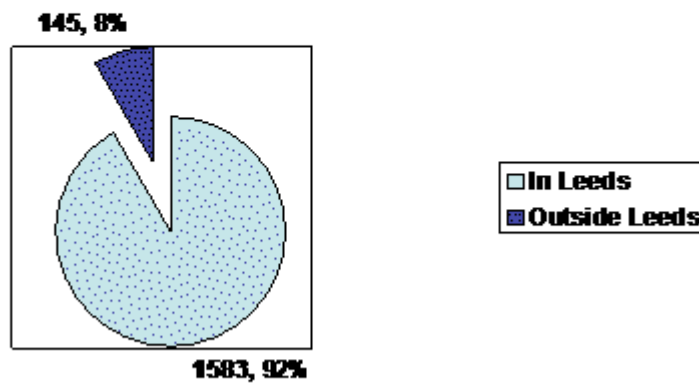


There was tenfold increase in the number of OATs over the four years, from 23 in the first 12 months studied to 226 in the fourth 12 months.

Figure 2 above shows the trend in the number of OATS over the total period studied in more detail. In the last three-month period, the number of OATs was 23 times that in the first three-month period.

Figure 3 **OATS admissions for people under 65**

April 2007 to March 2008



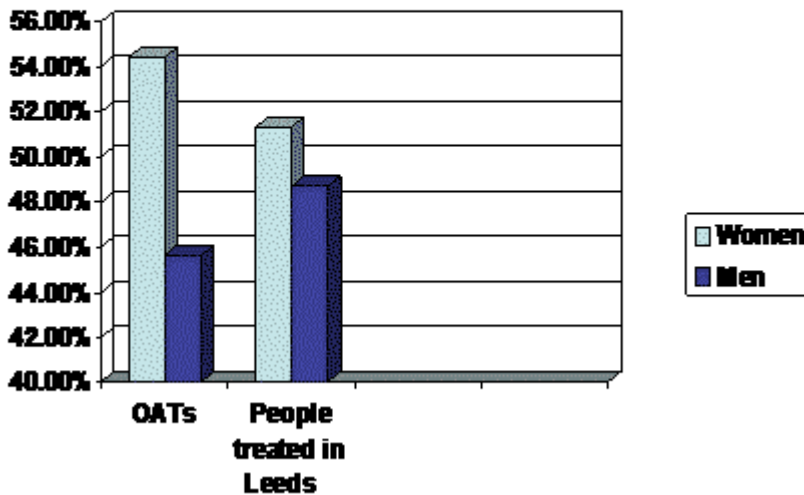
In the year April 2007 – March 2008, OATS accounted for 8.4% of admissions for people aged under 65 (Figure 3 above).

Profile of people subject to OATs

Gender

Figure 4 below shows that there is a clear preponderance of the number of women over men subject to OATs over the period. The figure also shows that the proportion of women to men was higher in OATS than for people treated in Leeds.

Figure 4 OATS by gender
Proportion of women to men in those admitted
April 2007 to March 2008



Age

Figure 5 below breaks down the data according to the age and gender of people in OATS. One peak for OATs admissions is young adults, which is a time of first onset of major mental illnesses like schizophrenia. The number of male OATs tapers off but the number of women subject to OATs remains high in comparison with men and peaks again in middle age.

Figure 5 OATs by Age and Gender
November 2004 to March 2008

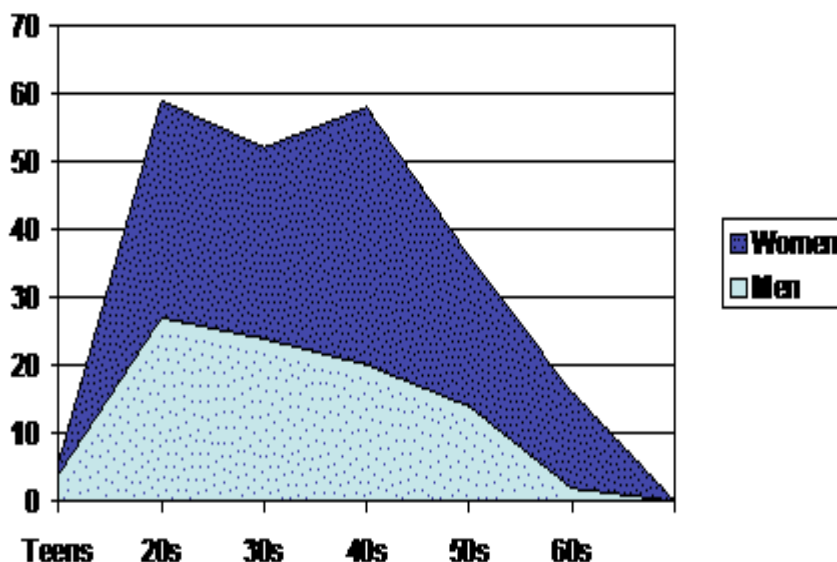
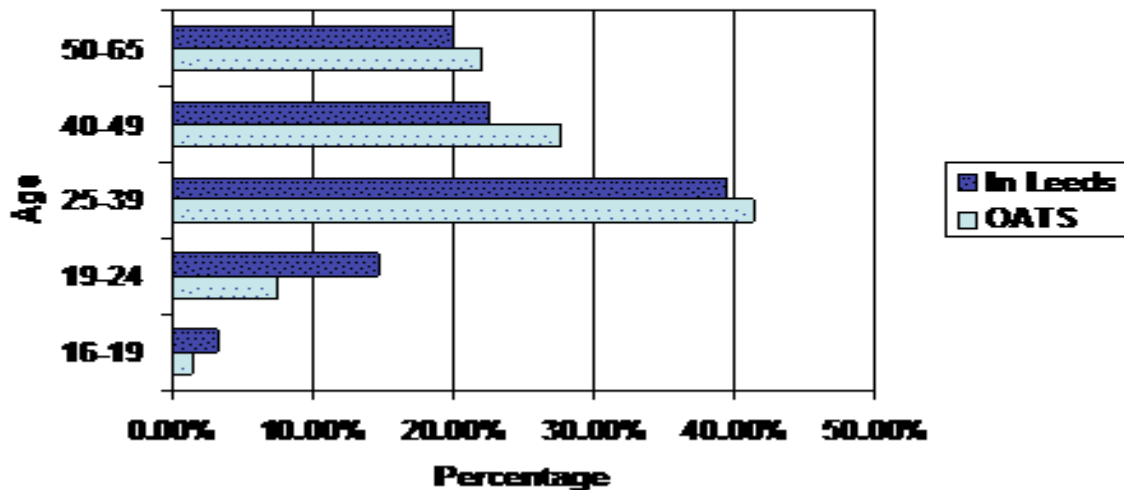


Figure 6 **Ages of Patients: OATs compared to those treated in Leeds, April 2007 to March 2008**



People subject to OATs tended to be a slightly older population than those treated in Leeds (Figure 6 above).

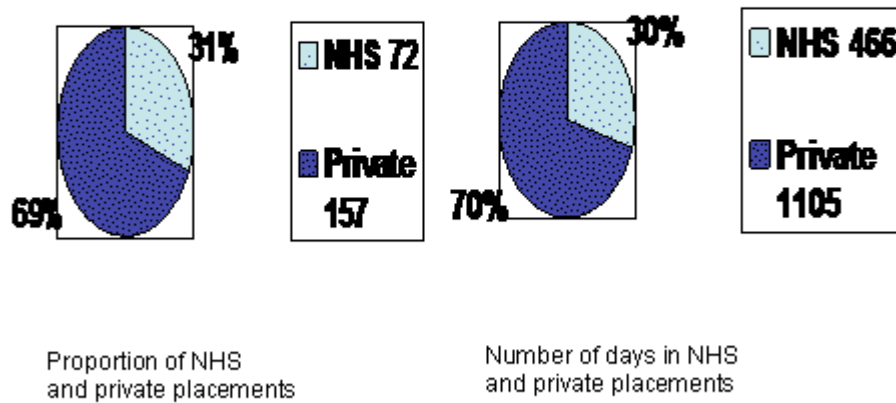
Ethnic Origin

There was a slightly lower proportion of people whose ethnic origin was not white British in those people subject to OATs (18.6%) compared to those treated in Leeds (21.3%) (April 2007 – March 2008).

Type of Placement- NHS or Private Unit

Figure 7, below, shows that many more private than NHS placements were made outside Leeds. Figure 7 also shows that private placements tended to last longer on average than in the NHS.

Figure 7 Out of Area Admissions
November 2004 to March 2008
NHS or Private Hospitals



Geographical Spread of OATs

The analysis of the geographical spread of OATS by region shown in Figure 8 shows that the most placements have been made in Bradford, followed by Harrogate with half as many. Smaller numbers of people were sent to other regions of England, including eleven placements in the south

Figure 8: Geographical spread of mental health placements outside Leeds Nov. 2004 to Nov. 2007



Figure 9: The spread of OATs according to private or NHS mental health unit used and length of stay, April 2004 to March 2007

	No. Patients in NHS	No. Days in NHS	No. Patients in Private	No. Days in Private	% patients sent privately	% days in Private facilities
Airedale	5	25				
Bradford	26	213	67	763		
Darlington	1	4				
Doncaster	1	8				
Durham	4	58				
Harrogate			41	380		
Hull	3	21				
Kendal	1	1				
Kent			3	37		
Lincoln	1	4				
London			7	78		
Manchester	1	2	13	70		
Middlesbrough	1	4				
Middlesex			1	9		
Northallerton	1	1				
Northants			1	14		
Sheffield	3	12				
Wakefield	2	7				
York	1	2	1	4		
Totals:	51	362	134	1355	72%	79%
Key: Bold highlights places more than 50 miles from Leeds						

The Cost of OATS

	No. Patients out of Leeds	No. Days in facilities out of Leeds	Mileage	Patient miles $a \times c^{(1)}$	Visitor miles $b \times c^{(2)}$
	a	b	c	d	e
Airedale	5	25	23	115	575
Bradford	93	976	10	930	9760
Darlington	1	4	60	60	240
Doncaster	1	8	33	33	264
Durham	4	58	80	320	4640
Harrogate	41	380	15	615	5700
Hull	3	21	60	180	1260
Kendal	1	1	71	71	71
Kent	3	37	261	783	9657
Lincoln	1	4	72	72	288
London	7	78	196	1372	15288
Manchester	14	72	42	588	3024
Middlesbrough	1	4	62	62	248
Middlesex	1	9	188	188	1692
Northallerton	1	1	44	44	44
Northants	1	14	131	131	1834
Sheffield	3	12	35	105	420
Wakefield	2	7	13	26	91
York	2	6	24	48	144
Totals:	185	1717		5,743	55,240 ⁽²⁾

Figure 10: Mileage in respect of OATs in both NHS and private mental health units, April 2004 to March 2007

⁽¹⁾ Patient miles – the no. of miles involved in taking all of the patients to the location of the hospital (the no. of patients multiplied by the approximate mileage to the hospital)

⁽²⁾ Visitor miles shows how many miles

covered if every patient were to have one visit per day – which would be more feasible if the patients were in Leeds.

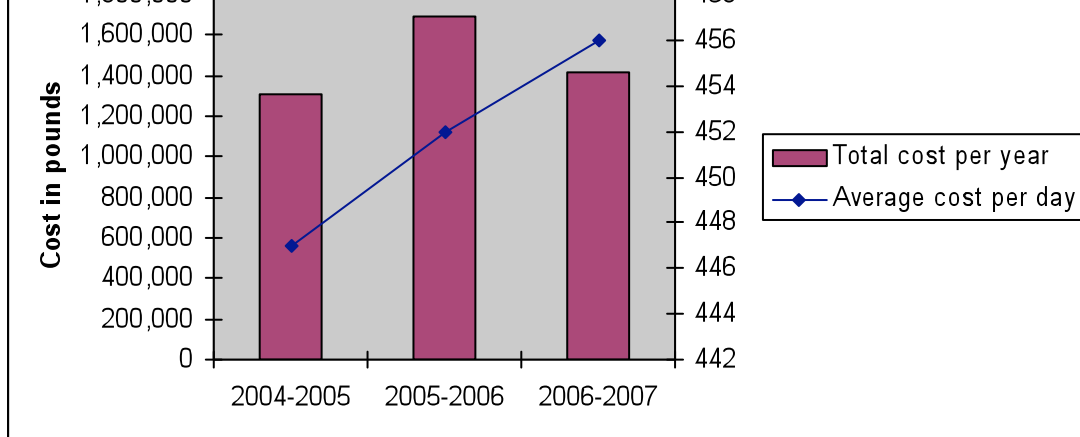
The total cost of OATs over the three years we studied was £4,407,971.

NHS Leeds could not say if this figure included costs to transport people to and from OATs placements or not. Leeds Hospital Alert would guess that these costs would be considerable especially if police and ambulances including private ones, and taxis are used. We have calculated an estimate of the number of miles patients travelled one way to the hospitals in Figure 10 column d, above.

We obtained a single sample cost for a journey one way to central Darlington by private hire taxi which was estimated at £85. This gives an idea of the sort of costs incurred transporting a less distressed person, but this does not include the return journey or escort costs.

The average cost per day of OATs in the financial years 2004/5 to 2006/7 increased from £447 to £456 as shown in Figure 11 below.

Figure 11: Cost of treatment outside Leeds in a mental health unit for financial years 2004-2005, 2005-2006 and 2006-2007



Aftercare and links with Leeds

An obvious concern about OATs is the fact that patients are being treated often a long way away from their homes. This has implications for contact with families and friends, and for links with after-care and community services in Leeds, in preparation for the patients' discharge from hospital.

Since 1 April 2008 the Out of Area Treatment Team is responsible, within working hours (9 – 5 Monday to Friday) for managing OATs. Outside working hours, this responsibility falls to the Crisis Resolution and Home Treatment Team.

The OATs Team Manager states that the Team is responsible for ensuring that any service user admitted to an OAT has a Care Co-ordinator allocated at the earliest opportunity. The OATs Team liaises with Care Co-ordinators about carers' and relatives' contact, and about CAB, advocacy, legal and interpretation requirements for the patient.

Use of the Mental Health Act

It is clearly important to know how many OATs patients are subject to the Mental Health Act. Patients subject to the Mental Health Act have special needs and their care under an OAT is of special concern. There may be particular issues about delivery of services such as the statutory Independent Mental Health Advocacy service from April 2009 at a long distance from their home area.

In the period April 2007 to February 2008, 32% of OATs patients were subject to the Mental Health Act.

Reasons for OATs

The figures above give cause for considerable concern about the use of OATs in the mental health service in Leeds. An important part of the picture, of course, is why a patient is made subject to an OAT. The response from the Partnerships Trust to this question was as follows:

- A member of staff requires inpatient treatment and treatment is arranged away from Leeds in order to protect confidentiality.
- Treatment for a specialist service which is not provided in Leeds is required.
- Long term low secure care is needed and the volume of placements is not available in Leeds.
- In case of an outbreak of an infectious disease in Leeds wards, patients may need to be admitted to OATs order to provide care in line with infection control.
- Leeds wards being intensively busy.
- Lack of beds in Leeds.

Clearly the latter two reasons give cause for concern, in that they indicate that patients are having to be treated outside Leeds because of inadequate resources within Leeds itself. To what extent is this the cause of the increasing number of OATs?

The April 2008 response from the Partnerships Trust is quite straightforward about this: "On the occasions the Leeds Partnerships Trust have no capacity in the working age adults in-patient settings then such a placement is required".

In order to check this out further, Hospital Alert asked the Primary Care Trust, as commissioner of services for the people of Leeds: Given the rising number of mental health OATs, does the PCT consider that it is commissioning enough mental health beds in Leeds? The answer to this was: "The PCT purchases enough beds for the population."

There is a clear contradiction here between the response of the Partnerships Trust and that of the Primary Care Trust.

IMPLICATIONS OF THE FINDINGS

General Implications

The results of this enquiry have a number of implications for mental health services in Leeds:

1. The number of OATs is rising. There has been a tenfold increase over the period covered. In 2007 – 8, OATs accounted for 8% of all mental health admissions in Leeds. If this trend continues, one in ten patients could soon be treated outside the city.

2. The setting up by the Partnership Trust of the Out of Area Treatment Team indicates that the Trust expects OATs to grow and be an increasingly significant part of the service. This raises the question as to what extent is this a distinct policy, commissioned by the Primary Care Trust, and what consultation has taken place about it?
3. More women than men were subject to OATs in the most recent period, and this difference between the sexes is greater than for all patients admitted. There are potential issues of discrimination here.
4. The high proportion of OATs patients subject to the Mental Health Act is a cause of concern. Many of the frequently used Bradford Cygnet hospitals' wards are locked, leading to a potentially anti-therapeutic atmosphere of coercion.
5. Almost two-thirds of OATS are with private providers, and nearly all of these with one provider, Cygnet. This represents a "creeping privatisation" of the service, which is a major policy shift and one on which Leeds people have not been consulted.
6. The fact that many OATs patients are subject to the Mental Health Act and are admitted to private facilities raises the issue of possible conflict of interest for psychiatrists employed in those facilities. The amendment of the Mental Health Act 1983 on 3/11/08 now allows psychiatrists who work in private hospitals to provide medical recommendations for detention of their own patients (Code of Practice Chapter 7). This begs the question as to how this possible conflict of interest will be monitored, especially as the Mental Health Act Commission is to become part of the large Quality Standards Commission.
7. The geographical spread of OATs across the country is staggering, with patients being sent as far away as Middlesbrough, Kendal and Kent. Despite the Out of Area Treatment Team's remit in terms of carer support, liaison and aftercare, it is reasonable to ask how these issues can be properly addressed at such distances.
8. The total cost of OATs over the period 2004 – 2007 was £4,407,941, and the cost per year rose steadily over the period. Most of this expenditure goes to private healthcare providers (mainly Cygnet). The question of whether this is value for money has to be asked.
9. It would seem that the main reason for OATs is the lack of proper resources in Leeds itself (this is the view of the Partnerships Trust). The basic question here is therefore whether it would be cheaper to provide the necessary resources, directly through the Partnerships Trust, in Leeds itself. That would certainly provide a better service for patients and their carers.

10. OATs is probably not just a Leeds phenomenon. A picture emerges of patients criss-crossing the country, at huge financial and social cost, when the provision of adequate publicly provided resources in their home area would make far more sense. So why does that not happen?

Legal Implications

The legal context is important:

1. Moving people out of their communities to hospitals a long way from home may be a breach of the Human Rights Act 1998 Article 8 Right to respect for private and family life.
2. Possible delays in discharging people from Section 2 and 3 of the Mental Health Act 1983 may be in breach of the Human Rights Act 1998 Article 5 Right to liberty and security.
3. Possible breaches of Section 117 After-Care (Mental Health Act 1983) or of the Care Programme Approach procedures may be caused by delays in Care Coordination meetings.
4. People liable to detention under the Mental Health Act 1983 have a new right to Independent Mental Health Advocacy from April 2009.
5. The differential impact on women of the higher proportion of women subject to OATS may be in breach of equalities legislation in two ways: the Positive Duties on the Public Sector and the specific Gender Equality Duty.

The duties of the Commission for Equality and Human Rights, which was set up in April 2007, incorporate the enforcement of anti-discrimination and equality legislation. Equality legislation includes positive and specific duties.

The Public Sector now has a positive duty to promote equality and to ensure that goods, facilities and services are equal, on grounds of race, gender and disability and in the latter case in relation to religion and belief too. Positive duties are designed to produce action to remedy any unexpected and unjustifiable outcomes for particular groups or communities; something that NHS Leeds may need to consider as regards OATS.

The specific duties on the Public Sector include the Gender Equality Duty, which places a specific responsibility on public authorities to demonstrate that they treat men and women fairly. Leeds PCT World Issue 3 of April 2007 lists six steps to meet this duty. "The PCT should: Gather information on how their work affects men and women. Consult employees, service users, trade unions and stakeholders.

Assess the different impact of policies, functions and practices on both sexes.
Identify priorities and set gender equality objectives (Action Plan).
Plan and take action to achieve these objectives.
Publish a gender equality scheme and review progress every three years.”

RECOMMENDATIONS

These Recommendations are addressed to NHS Leeds, to the Leeds Partnerships NHS Foundation Trust, to the Strategic Health Authority, and to the Care Quality Commission.

1. Leeds Facilities for Leeds People

Leeds Partnerships Trust should return as many people as possible to be cared for in Leeds as soon as possible. This includes people with learning disabilities, intensive care and forensic issues, and eating disorders.

2. NHS beds for Leeds people

NHS Leeds and the Strategic Health Authority should urgently review commissioning arrangements to enable enough provision of NHS beds in Leeds for adults with mental health needs.

3. The Benefits of Treatment in Leeds

NHS Leeds and the Strategic Health Authority should investigate and report on, as a matter of urgency, the social, psychological and economic benefits of treating patients in Leeds NHS facilities as opposed to sending them many miles outside the city.

4. People should be treated fairly and equally

NHS Leeds, Leeds Partnerships Trust, the Strategic Health Authority and the Care Quality Commission should carry out an urgent assessment of the rights of patients subject to OATs, with special reference to the Mental Health Act Code of Practice and the Human Rights Act. They should also carry out an Equality Impact Assessment of OATs. Any recommendations should be put in place so that people can be treated fairly and equally.

5. Specialist training

If people cannot be returned to Leeds because of a skills shortage, such as tube feeding, or working with behavioural difficulties due to profound learning disabilities or personality disorder, training for specialist staff in Leeds should be funded to enable this to happen.

6. Carers should be cared for

The Leeds Partnerships Trust should make arrangements for provision of, or costs of, transport for people to visit their relatives in placements outside Leeds. The Trust's Carers Team could be asked to assess carers' needs immediately anyone is placed outside Leeds.

7. Access to legal representation, advocacy, financial, housing advice, and social work support

Leeds Partnerships Trust should urgently investigate, organise and fund such access for people placed outside Leeds.