



REVIEW OF ACTIVITY WITHIN UNSCHEDULED CARE AT ROYAL CORNHILL POST-PANDEMIC



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INTRODUCTION

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The Unscheduled Care Team (UCT) exists to facilitate psychiatric reviews and provide advice for patients in the Northeast of Scotland. The team is based at the Royal Cornhill Hospital and is formed of nursing practitioners and medical staff. There has been an 18% increase in the number of assessments done by the team from October 2018 to October 2020. A significant proportion of these reviews have been through Enhanced Access. Enhanced Access is given to patients by their outpatient teams if they are deemed to be at significant risk to self-refer to enable rapid assessment.

AIMS

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- We sought to review changes in assessments and referrals within the Unscheduled Care Team (UCT) at Royal Cornhill in Aberdeen since the pandemic given the increase in referrals.
- We hoped to identify areas for intervention and reform within the UCT and the wider service paying particular attention to Enhanced Access.

METHOD

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- An online excel spreadsheet was distributed to clinicians on-call from 1st-31st October 2021 and 1st-31st October 2022.
- Data analysed included time of referral, role of clinician, source of referral, method of assessment, time taken to complete assessments, time taken to discuss assessments and assessment outcomes. The spreadsheet also had space for clinicians to provide additional qualitative data.
- Following 2021 data collection a PowerPoint presentation was given to hospital staff and management based on the initial findings from 2021.
 - Enhanced Access usage was discussed service wide as it was the most frequent source of referral.

DISCUSSION

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- The change in referrals over the COVID period coincided with global changes in service delivery with an increase in use of telemedicine and crisis services such as Enhanced Access^{1,2,3}.
- Clinicians were concerned that elements of routine care provision were limited during the pandemic impacting particularly vulnerable patient groups^{2,3,4}. A review of routine care in Aberdeen over the test period would inform the impact this had on the results.
- Enhanced Access usage increasing could be a result of changes in risk assessment by outpatient teams given the changes in assessment methods and service provision noted elsewhere^{1,3,4}.

CONCLUSIONS

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- There has been an increase in UCT referrals and assessments particularly through Enhanced Access since the pandemic this in keeping with patterns noted outside of Aberdeen.
- Enhanced Access referral rates have somewhat stabilised following discussion but may still benefit from further review given the increased referral rate post-pandemic with a focus on updating risk assessments.
- Increasing outpatient CMHT follow-up after assessment may suggest that routine outpatient support may not be back to pre-pandemic levels.

REFERENCES

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RESULTS

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- The overall number of assessments increased by 10% from 2021 to 2022 - 405(367).
- Total assessment time increased by 15% - 299(261) hours over the same period.
- Regarding assessment outcomes, the largest changes were seen in outpatient follow-up with a 65% increase 238(144) and UCT discharge with a 43% decrease 64(112)
- The source that most frequently required outpatient follow-up was Enhanced Access accounting for 34% of outcomes in 2021 and 31% in 2022.
- The largest changes in referral rates were from GMEDs 48(30) a 60% increase, CMHT-Community Mental Health Teams- 4(16) a 75% decrease and GPs 50(34) a 47% increase.
- The Enhanced access referral rate has increased by over 1300% 96(7) Since 2018. However following intervention in 2021 the referral rate only increased by 1% in 2022 96(95).

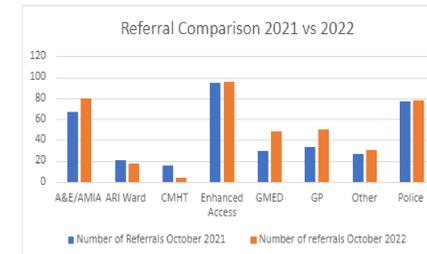


Figure 1: Referral rates by referrer 2021 and 2022

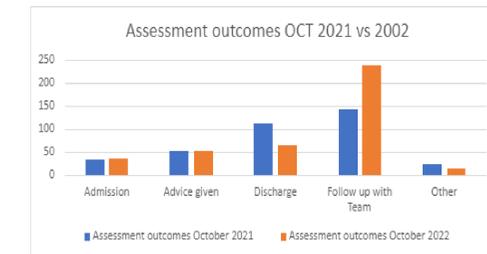


Figure 2: Assessment Outcomes 2021 and 2022

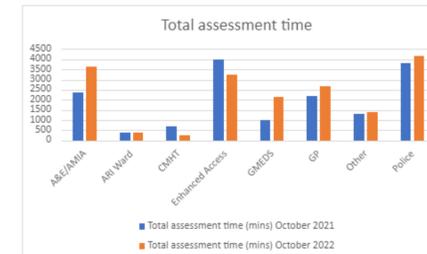


Figure 3: Total assessment time by referrer 2021 and 2022

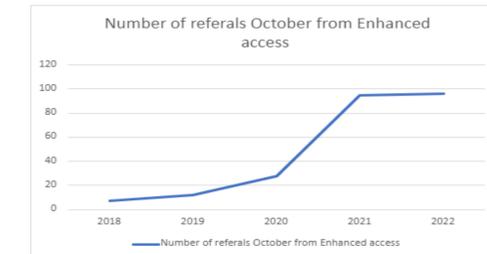


Figure 4: Enhanced Access October referral rate 2018-2022

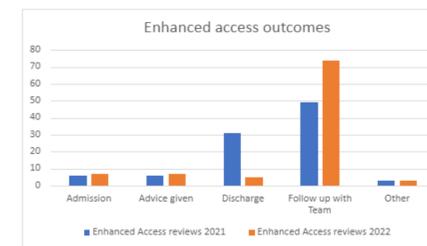


Figure 5: Enhanced Access assessment outcomes October 2021 and 2022

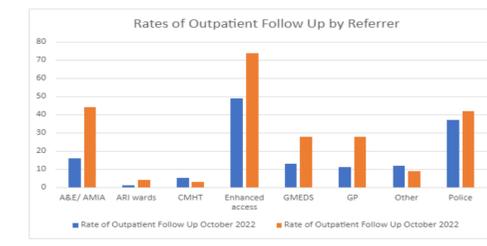


Figure 6: Rates of Outpatient Follow Up by referrer October 2021 and 2022

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