



Making the health sector  
work for patients

## **Rapid Assessment Interface and Discharge (RAID) Service: Birmingham and Solihull Mental Health NHS Foundation Trust**

The Rapid Assessment Interface and Discharge (RAID) team provides an in-reach psychiatric liaison service to prevent avoidable admissions to inpatient wards and mitigate longer lengths of stay associated with mental illness as a co-morbidity to physical conditions. Important features of the service are a rapid response and 24-hour, seven-day service.

Birmingham and Solihull Mental Health NHS Foundation Trust provides mental healthcare to over 1 million people. It offers inpatient, community and specialist mental health services including rehabilitation, home treatment, community mental health services, assertive outreach, early intervention, inpatient services, day services and mental health wellbeing services.

### **Aims**

The service provides rapid response assessment and management of mental health conditions for patients attending hospital due to physical health conditions. RAID is based in the A&E departments of five acute hospitals as an in-reach service.

The RAID team aims to:

- improve outcomes for patients with mental health conditions receiving acute care
- divert and discharge patients from A&E
- promote effective and appropriate early discharge from general wards
- reduce readmissions.

### **Characteristics**

- based in A&E
- senior clinical leadership
- 24-hour care
- integrated into the acute hospital
- mental health staff help acute staff to manage mental health needs
- referral to community mental health services

## Origins

In December 2009 Birmingham and Solihull Mental Health NHS Foundation Trust launched the RAID service as a pilot project to improve outcomes for patients in the acute hospital who also have mental health conditions.

Co-occurrence of physical and mental health conditions often leads to poorer health outcomes, longer hospital stays and higher readmission rates. Early detection of mental health problems can enable rapid and appropriate interventions, as well as help with discharge planning from acute wards.

Research has shown that a significant proportion of patients attending A&E or being admitted to an inpatient bed have mental health issues as a co-morbidity. Rapid assessment to identify mental health conditions when a patient is admitted and 'in-reach' into inpatient wards may therefore have a demonstrable impact on patient outcomes and hospital flows.

### Co-occurrence of physical and mental health conditions lead to poorer health outcomes:

- patients with mental health co-morbidities generally have longer stays, more frequent readmissions and higher incidence of institutionalisation<sup>1</sup>
- 12% of A&E attendances and 40% of acute admissions result from alcohol and substance misuse<sup>2</sup>
- two-thirds of inpatient beds are occupied by older people and 60% suffer from, or will acquire, a mental disorder during an admission<sup>3</sup>
- patients who have long-term conditions and mental health co-morbidities generally cost 45% to 75% more to treat than those with physical health needs only<sup>4</sup>

## Structure

**In-reach service** Birmingham and Solihull Mental Health NHS Foundation Trust operates and administers RAID in five hospitals (in three acute trusts) across Birmingham. Mental health trust staff integrated with the acute trusts' clinical teams deliver care. The team is based in A&E, with staff outreach to other wards.

<sup>1</sup> Singh et al (2013) *The Rapid Assessment Interface and Discharge service and its implications for patients with dementia*.

<sup>2</sup> *National Indicators for Local Authorities and Local Authority Partnerships* (2009).

<sup>3</sup> Tadros et al (2013) Impact of an integrated rapid response psychiatric liaison team on quality improvement and cost savings: the Birmingham RAID model, *The Psychiatrist* (2013), 37, 4-10.

<sup>4</sup> The King's Fund (2012) *Long-term conditions and mental health. The cost of co-morbidities*.

**24/7 care** The service operates with 24-hour nursing cover in each hospital. Consultants are present at each site between 7am and 9pm, and a team of senior clinicians including a consultant is on call outside these hours.

**Managing mental health conditions** RAID clinical staff do not provide treatment for mental health conditions. Instead, to improve treatment outcomes, they help acute clinicians manage the mental health needs of patients presenting with physical conditions, and refer patients to community services for mental health treatment.

## How patients benefit

The RAID team is a **single point of contact** for mental health services in acute hospitals.

The team enables all patients referred to the scheme to be:

1. assessed
2. treated for their acute care needs
3. signposted to community care
4. referred for treatment in the community.

**Referrals come from both A&E and inpatient wards** with a rapid response approach. RAID aims to respond to referrals from A&E within an hour (and usually within 20 minutes). From their base in A&E, RAID nurses also outreach to wards when patients are referred. RAID's target is to respond to wards within 24 hours and it usually does so well within this time.

**Patients are treated by nurses with advice from consultants** available 24 hours a day.

### Enabler: integration within the acute hospital

RAID nurses are based in A&E:

- positioned to respond to cases directly without the need for calls and delays
- able to monitor all patients in A&E and pick up cases at an early stage
- able to quickly identify patients referred by A&E staff who are already being effectively managed in primary care
- able to outreach to wards across the hospital.

Working within the acute hospitals, the trust gains an in-depth understanding of its impact across the wider health system. This integration facilitates more rapid referrals from the acute to mental health services by breaking down barriers in patient handover.

### **Enabler: rapid response 24/7 service provision**

RAID offers a rapid response service 24 hours a day, with on-call consultant back-up. This means that the service is able to meet patients' needs at any time of day.

In addition, as a constant presence in the trust, the RAID team gives other staff confidence to treat patients with mental health issues. Clinicians are better able to manage risk, as they have senior mental health professionals available to help if they need to escalate patients.

### **The team trains acute hospital staff to better identify, treat and refer patients with mental health needs.**

It helps acute staff to understand mental health needs and focus on them as part of their role and responsibility. This means RAID benefits all acute patients with mental health conditions, as well as patients it interacts with directly, reinforcing its impact across the hospital. It also enables the RAID team to concentrate on supporting patients with the most complex needs.

**RAID enables faster access to mental health services.** Before RAID, if acute patients had mental health needs, staff had to be called in from community mental health services. This made community services less effective and caused long waits in the acute hospital, particularly for patients who arrived out of hours.

### **Enabler: service delivered across Birmingham**

RAID is commissioned across Birmingham as a whole, which brings economies of scale. Staff move across the five sites, making the service flexible and meaning it needs fewer staff than it would otherwise, bringing cost savings.

Because the service can offer benefits across the local health economy, hospitals commissioning services in combination may enjoy a higher level of provision overall than those commissioning in isolation.

### **Enabler: consistent senior leadership and integration within the acute hospital**

The same two consultants have led the service since its first pilot, giving it strong and consistent leadership.

They designed RAID to be different from their previous experiences of psychiatric liaison, in which fragmented services working limited hours were located in the 'bowels' of acute hospitals.

Being integrated within the acute hospital facilitates rapid referrals to mental health services by breaking down barriers in patient handover.

## Impact

**RAID has an impact on operations across the entire acute trust**, because the RAID team trains staff as well as supporting patients directly. Economic assessments of RAID during its pilot phase and roll-out across multiple hospitals<sup>5</sup> indicate benefits for patients who directly interact with RAID staff and for patients with mental health conditions treated across the trust. RAID's benefits include:

- fewer admissions from A&E and the emergency medical unit to inpatient wards
- shorter average length of stay for inpatients
- twice as many elderly patients discharged to their own homes
- identifying more people with mental health conditions, with more patients being given an MH diagnosis code after RAID's introduction, suggesting the service is addressing previously unmet need.

**The scheme may reduce costs in the acute trust** by reducing admissions and length of stay, but it will divert more patients to existing community mental health services.

## Challenges

### A yearly commissioning cycle

This can lead to greater uncertainty over the future of services because it:

- places a burden on the trust to continually review and highlight the scheme's impact to maintain funding
- causes a lack of clarity and stability for long-term investment to improve cost-effectiveness
- makes it difficult to recruit to senior roles, with staff lost to more secure jobs in similar schemes.

### Pressure of A&E targets

Some A&E leads at trusts can be quick to apportion blame where delays and target breaches affect patients being treated with a RAID intervention. The team suggests this is often due to referrals to the RAID team coming late in the A&E pathway.

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<sup>5</sup> Parsonage M, Fossey M (2011) *Economic evaluation of a liaison psychiatry service*. London: Centre for Mental Health 2011. /[www.centreformentalhealth.org.uk/evaluation-liaison-psychiatry](http://www.centreformentalhealth.org.uk/evaluation-liaison-psychiatry)  
Central Midlands Commissioning Support Unit (2012) *Rapid assessment interface and discharge liaison: economic evaluation of the Birmingham and Solihull roll out*.

## Differences in service specification

The trusts in which RAID operates use slightly different service models from each other. If they were more consistent, more efficiency gains would result.

## More information

RAID service

Birmingham and Solihull Mental Health NHS Foundation Trust

Dementia in acute hospitals

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This is one of a suite of case studies designed to increase awareness of the impact of moving healthcare out of hospital. For more materials see [Moving healthcare closer to home](#)