SAPhE Pathway Study

Co-creating a prototype digital risk mitigation pathway for Children and Young People admitted with mental health crisis to acute paediatric NHS care

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Background

- Admission to acute paediatric settings is increasing for Children and Young People (CYP) experiencing mental health crisis.

- CYP are often confined for extended periods without specialist assessment and support.

- Currently there are no standard process for assessing and managing safety across acute paediatric inpatient setting.

- Staff often report feeling anxious and ill equipped to assess and manage risk/safety.

Un-Safe

Aims

1. Identify best practice recommendations for risk mitigation pathways for Children and Young People in mental health crisis admitted to acute paediatric NHS care.

2. Scope the health economics of existing risk mitigation pathways.

3. Establish the feasibility of implementing and evaluating a digital risk mitigation pathway across NHS organisations.

4. Co-produce, with Children and Young People, clinical experts, and academics, a prototype digital risk mitigation pathway for use with the CYP-MH SAPhE™ Instrument.

Design and Methods

A multi- centre, mixed-method, three phased study was conducted.

Full Health Research Authority/NHS NRES ethical approval was received (REC ref: 22/WM/0167; 22/SC/0237).

Phase 1: A systematic review of published literature [PROSPERO: CRD42022312563], semi-structured interviews with eight Health Care Professionals HCPs and five CYP. Interviews were audio recorded, transcribed and thematically analysed. A prioritisation workshop with six HCPS and one CYP attending followed using the Nominal Group Technique (NGT), a quantitative design, to prioritise the identified mitigation strategies, concluding in 16,. Scoping out health economics, value proposition, and mapping of stakeholders also took place.

Phase 2: A collective case-study included three different NHS hospitals that provide acute paediatric care across England. A survey, interviews, and focus groups (29 participants) were conducted, transcribed and analysed using NVivo software.
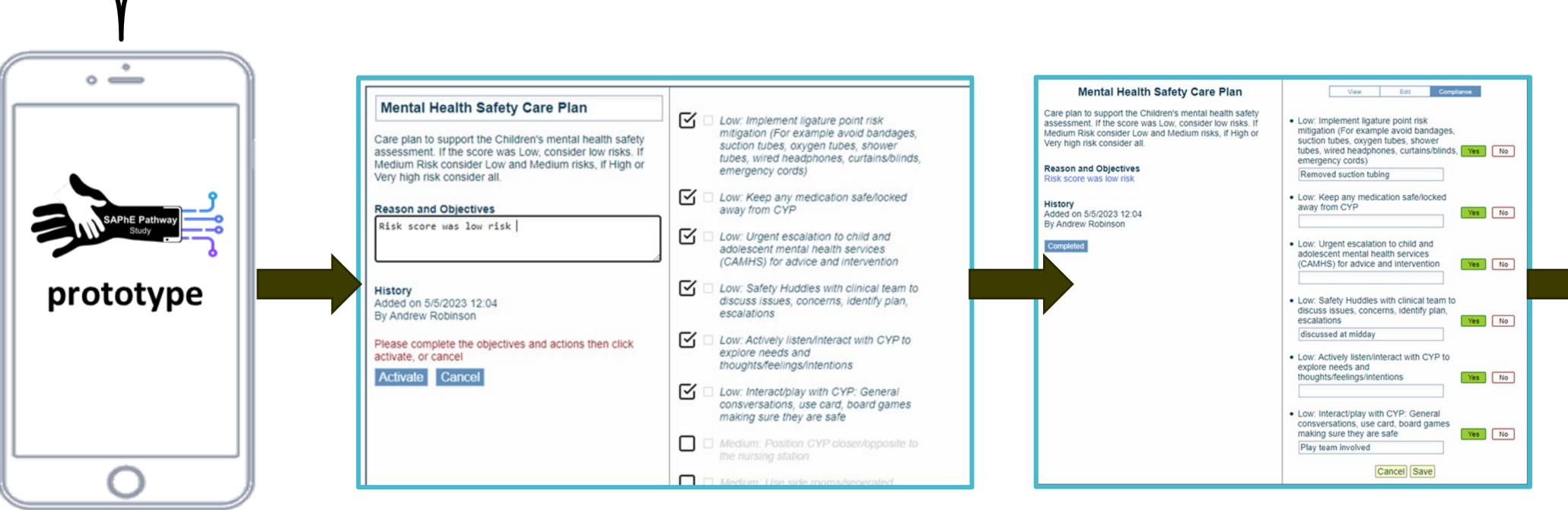
Phase 3: An Experience-Based Co-Design (EBCD) approach was used consisting of four workshops focusing on platform, governance, interoperability (8 participants), system interface, communication, and escalation (6 participants), aesthetics and interface (7 participants), and acceptability (2 participants). Thematic analysis was used.
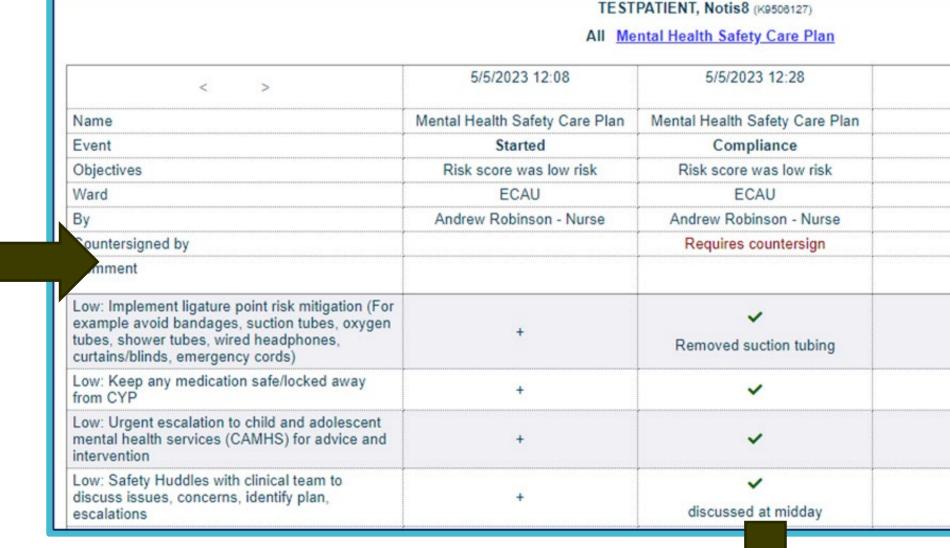
Key findings

Phase 1: Of the twenty-six risk mitigation strategies identified, 16 strategies gained consensus to inform the content of the digital prototype.

Phase 2: Cross-case analysis identified huge variation in relation to digital infrastructure and readiness to implement new digital technologies which provided clear recommendations for platform, inter-operability, and implementation plan.

Phase 3: EBCD workshops culminated in the development of a NHS Global Digital Exemplar (protocol and specification), which was operationalised in one of the organisations to demonstrate proof of concept and translatability into NHS.

prototype

Conclusion

- This study has co-created with key stakeholders (CYP and HCPs) an evidence-based prototype digital risk mitigation pathway aimed at improving the safety of CYP admitted to acute paediatric care in mental health crisis.

- This technology has the potential to produce cost savings by improving risk assessment leading to appropriate actions/interventions.

- Further research is required to establish feasibility of implementing the technology in the NHS setting and testing its effectiveness.

Safe