Ten key messages for commissioners

Acute care – inpatient and crisis home treatment

The 10 key messages below are drawn from the Joint Commissioning Panel for Mental Health’s guide on commissioning acute care services. To read the full guide, please visit www.jcpmh.info

1. Commissioners should have as their standard that they commission acute care services that they would recommend to family and friends.

2. There should be evidence of service user, patient and carer involvement in the commissioning, strategic direction, and monitoring of acute care standards.

3. Commissioners should commission a range of services in the acute pathway including inpatient beds, psychiatric intensive care unit beds, crisis resolution and home treatment teams and residential alternatives to inpatient admission.

4. Commissioners should ensure that sufficient resources are available within the acute care pathway to ensure patient safety, enable service user and patient choice and for individuals to be treated close to home, and that choice is facilitated through the roll-out of personal health budgets.

5. Facilities of an acute care service should be available 24 hours a day, 7 days a week.

6. Commissioners should expect clear criteria for entry and discharge from acute care.

7. Commissioners should ensure that the service provider collects, analyses and acts upon a range of agreed outcome data.

8. The full range of NICE approved interventions should be available for patients in the acute care pathway.

9. Clear standards for communication with primary care should be set and audited.

10. Commissioners must ensure that acute care pathway providers meet their statutory duties under the Mental Health Act and Mental Capacity Act in accordance with the relevant Codes of Practice, and that all care is underpinned by humanity, dignity and respect.
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