healthwatch
Richmond upon
Thames

Adult Mental Health Service Transformation Phase 3 – Post Transformation

Examining service user experiences across the transformation journey: a comparative report

Contents

Introduction 2
Methodology 3
Findings 4
Conclusion 28
Appendix 1 - Demographics 32

Healthwatch

Healthwatch Richmond is the independent health and social care champion for services across the London Borough of Richmond-upon-Thames. SWLSTG commissioned Healthwatch Richmond to gather service user experiences to drive service improvements centered on their needs.

Introduction

Background

The community mental health transformation programme is an initiative across England that aims to address the long-term challenges faced in NHS mental services:

- Historic underinvestment
- Variation in treatments
- Fragmented care pathways
- Multiple assessments
- Increasing demand and longer waiting times
- Staffing issues

South West London and St Georges NHS Mental Health Trust (SWLSTG) has undergone a transformation process to improve their mental health services across Kingston, Richmond, Sutton, Merton and Wandsworth.

SWLSTG has worked with service users, carers, staff and VCSE partners to design a new model of care, centralised around the core principles of community transformation:

- Improved integration with Voluntary, Community & Social Enterprise Sector partners
- A place based holistic support offer
- A "no wrong door" approach to referrals
- Introduction of new roles and skill sets
- Single, trusted assessments
- Removed barriers between primary and secondary care

These core principles underpin the work to achieve the four key outcomes of transformation:

- Access – Increased timely access to a wider range of mental health interventions
- Recovery – Increase the number of people reaching and maintaining recovery
- Crisis – Reduce the risk of service users relapsing into crisis
- Experience – Improve experience of care and treatment in mental health services for service users, their carers and family.

Methodology

The review of the transformation has been conducted as a three stage approach:

- Phase 1 - pre-transformation (15th March 2023 - 31st March 2023)
- Phase 2 - during transformation (9th November 2023 - 27th December 2023)
- Phase 3 - post-transformation (13th March 2025 – 15th April 2025)

Before the transformation began, the initial survey (phase 1) was conducted. The findings of this provided a baseline point of comparison from which to measure the impact of the transformation programme. The survey and method were slightly revised based on the learnings from Phase 1.

The survey was then repeated with a new cohort of service users to collect early experiences during the transformation (phase 2) and finally post-transformation (phase 3). Phase 3 involved collecting data from SWLSTG patients after the transformation rollout had been completed and had sufficient time to become business as usual.

At each phase, SWLSTG randomly selected a sample of patients who had accessed the service in the past 6 months. The contact details were provided to Healthwatch Richmond (HWR) through a data sharing agreement. The survey was distributed via text messages, emails and, where necessary, phone calls.

This report compares service users' lived experiences across the three phases.

	Phase 1	**Phase 2**	**Phase 3**
Sample	178	400	600
Responses	41	77	122
Response rate	**23%**	**19%**	**20%**

Findings

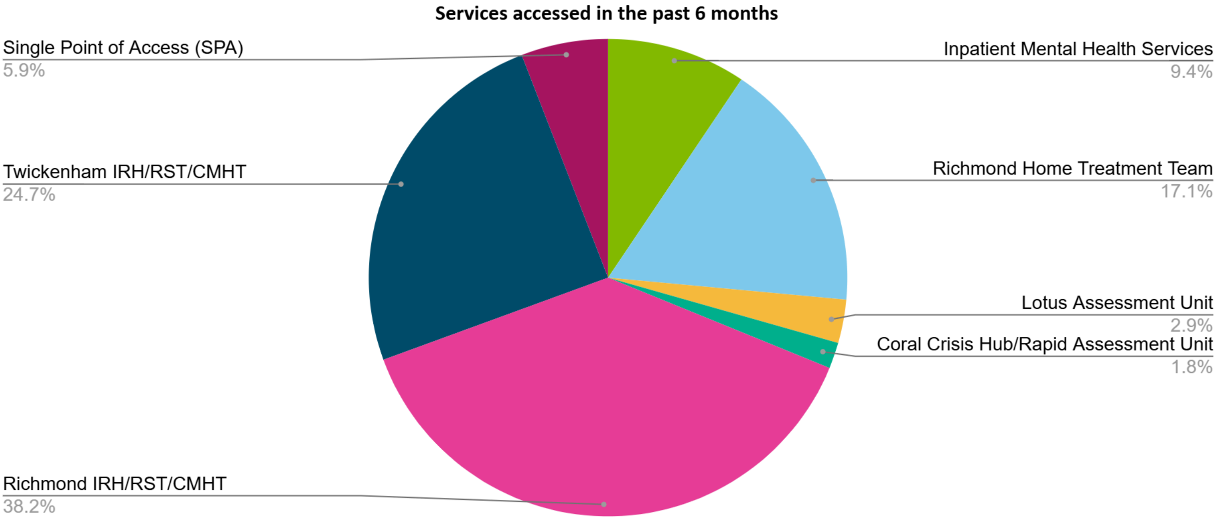
A total number of 122 usable responses were received from service users for this third phase. A further 102 people clicked on the link to the survey however did not fill in sufficient data and hence, were not included in the analysis.

Question 1 - Type of respondent

93% of respondents filled out the survey themselves, while an unpaid carer, friend or family member helped 7% of respondents complete the survey.

Question 2 - Within the past 6 months, which services have you accessed?

The services accessed by the patient samples were consistent across the three phases; with the majority of respondents having used Community mental health services in Richmond (38% for both phases), or Twickenham (29% phase 2, 25% phase 3), and the Home service Treatment (19% in phase 2 and 17% in phase 3). The Single Point of Access (5.9% of respondents) was added as an option for Phase 3.



Single Point of Access

9 respondents had accessed the Single Point of Access (SPA).

- 5 respondents described staff as understanding and empathetic
- 3 respondents stated that they had a mixed or negative experience

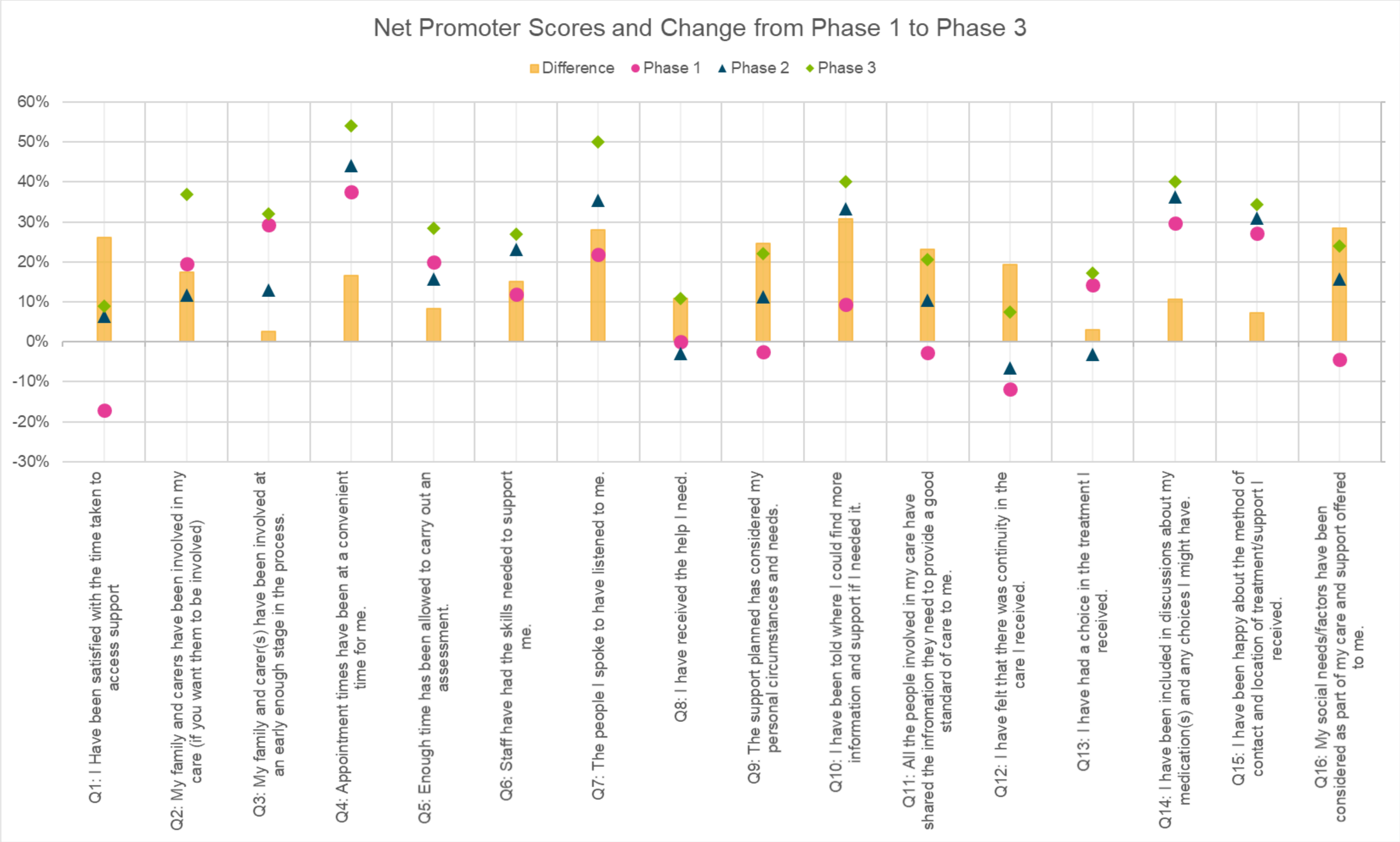
Positive feedback about the SPA mentioned the caring and listening attitudes of the staff members, as well as the swift contact and the assessment process.

“Being listened to”
“Very prompt contact, empathetic. And attentive.”
“Thorough assessments”
”Understanding my needs”

Feedback about areas of improvement included:

“hard to get a referral to the SPA”,
“consistency”,
“better and earlier explanation of options available and intended process”
“better listening”,
“more consults or follow-up”

Question 3 - Please state how much you agree or disagree with the following statements, focussing on our care within the past 6 months.



The chart above illustrates the Net Promoter Score (NPS) and its evolution across phases 1, 2, and 3. The Net Promoter Score represents the total percentage of promoters minus the total percentage of detractors; the percentage of passive or neutral response is not used in the NPS formula.

Consequently, as soon as the NPS is greater than 0, there are more positive sentiments than negative ones.

All phase 3 scores are positive and there have been improvements across all statements.

Positive changes

Statement	P1	P2	P3	Change (P1 to P3)
Q2: My family and carers have been involved in my care (if you want them to be involved)	20%	12%	37%	17%
Q4: Appointment times have been at a convenient time for me.	38%	44%	54%	17%
Q6: Staff have had the skills needed to support me.	12%	23%	27%	15%
Q7: The people I spoke to have listened to me.	22%	36%	50%	28%
Q9: The support planned has considered my personal circumstances and needs.	-2%	11%	22%	25%
Q10: I have been told where I could find more information and support if I needed it.	9%	33%	40%	31%
Q11: All the people involved in my care have shared the information they need to provide a good standard of care to me.	-3%	11%	20%	23%
Q14: I have been included in discussions about my medication(s) and any choices I might have.	30%	36%	40%	11%
Q15: I have been happy about the method of contact and location of treatment/support I received.	27%	31%	34%	7%
Q16: My social needs/factors have been considered as part of my care and support offered to me.	-4%	16%	24%	28%

The results in this table represent the answers from the 122 respondents.

Substantial improvements were seen in the 28% increase in positive responses around feeling **listened to** (Q7). Likewise, we note a 40% now feel they have been **given information and support** they needed (Q10), an improvement of 31 percentage points. Satisfaction regarding **convenient appointment** times (Q1) increased by 17% between phase 1 and 3, growing to 54% satisfaction.

Substantial improvements in net promoter score, whilst positive, should not replace consideration of actual satisfaction levels.
In phase 3, of the 122 respondents to the survey, 9 were carers. 100% of the carers Agreed or Strongly Agreed with the statement in Q2: *My family and carers have been involved in my care (if you want them to be involved).*

Limited improvements

Statement	**P1**	**P2**	**P3**	**Change (P1 to P3)**
Q3: My family and carer(s) have been involved at an early enough stage in the process.	29%	13%	32%	3%
Q5: Enough time has been allowed to carry out an assessment.	20%	16%	28%	8%
Q13: I have had a choice in the treatment I received.	14%	-3%	17%	3%

Certain issues showed only a slight increase in positive responses between phase 1 and phase 3 which may be better described as a recovery after a deterioration during phase 2.

For example, questions around family and carers being involved in the process (Q3) and the notion of choice in the treatment received (Q13) both only saw a 3% satisfaction increase between phase 1 and 3. Nevertheless, we observe for those two questions that it was not a steady increase. The final result of 3% change was consequential to a decrease during phase 2 of more than 15 percentage points each - respectively a 16% and 17% drop - which was then followed by a sharpest increase during phase 3.
Of those responding to Q3: *My family and carer(s) have been involved at an early enough stage in the process,* 9 were carers. 8 reported that they Agreed or Strongly Agreed with one carer reporting that they disagreed with the statement.

Still in need of improvement

Statement	**P1**	**P2**	**P3**	**Change (P1 to P3)**
Q1: I have been satisfied with the time taken to access support.	-17%	6%	9%	26%
Q8: I have received the help I need.	0%	-3%	11%	11%
Q12: I have felt that there was continuity in the care I received.	-12%	-6%	7%	19%

Despite some positive changes, the satisfaction rate for certain issues in Phase 3 remains low, indicating a continued need for improvement in these areas.
Despite a 26% increase in positive responses about the time taken to access support, the net satisfaction rate is only 9% at phase 3. This stems from the negative satisfaction rate of -17% recorded during the first phase.
The same tendency is observed for the topics of *'I have received the help I need'* (Q8) and *'I have felt that there was continuity in the care I received'* (Q12). Despite seeing improvements in ratings of 11% and 19% respectively, the low base that they began with means that satisfaction rates remain low.

Negative changes

We observed no negative changes between Phase 1 and Phase 3; every category surveyed experienced an increase in satisfaction. For comparison, three questions had registered a negative change between phase 1 and 2 . Those were the issues about having enough during the assessment with -4% (Q5), about receiving the help needed with -3% (Q8) and about having a choice in the treatment needed with -18% (Q13). Those three issues scored a positive change in phase 3.

Additional questions for phase 2 and 3

Statement*	**P2**	**P3**	**Change**
Q17: I was satisfied with the support provided to me.	9%	16%	8%
Q18: The staff caring for me treated me with empathy and kindness.	54%	57%	2%
Q19: I was satisfied with arrangements for my discharge or transfer out of the service.	4%	3%	-2%

These 3 questions were added in phase 2 and 3, which is why there's no phase 1 data for comparison. They all show modest changes.

It is excellent to see staff continuing to be highly rated as **empathetic and caring**. The lack of improvement in this area should be viewed as a sustained positive performance rather than a cause for concern.

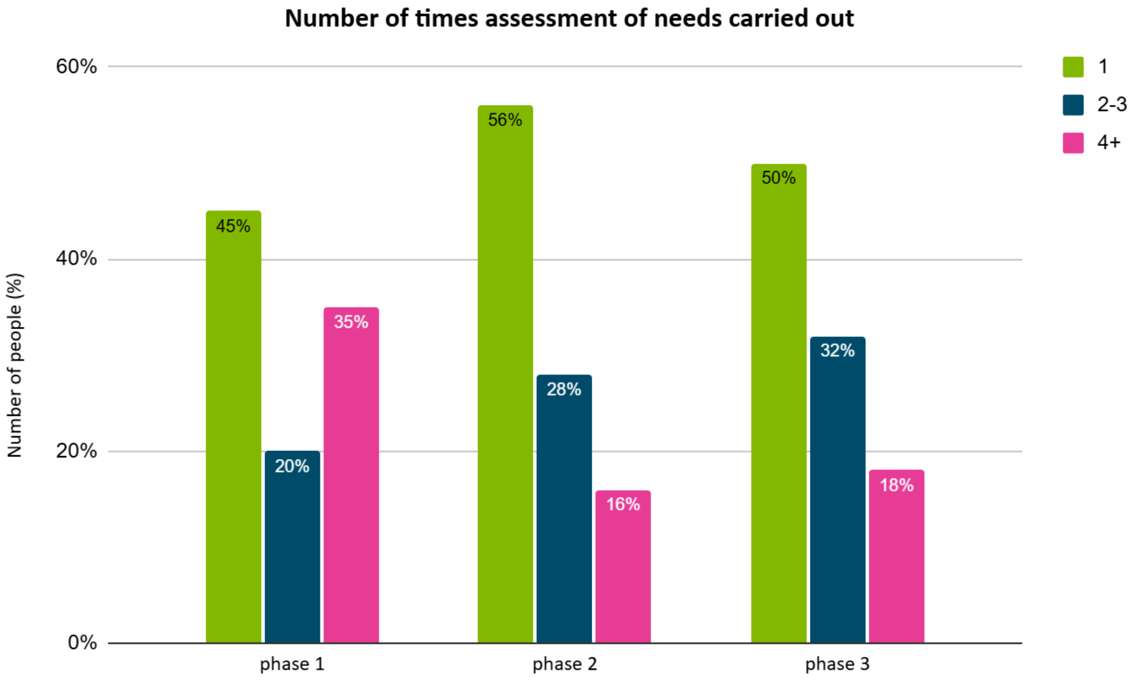
This does however highlight the low satisfaction ratings for **support provided** which remains at just 16%. We are uncertain about the scores for **Discharge arrangements** as the actual numbers of respondents reporting an experience were very low in both phases (most reported N/A).

Question 4 - How many times did the service carry out an assessment of your needs over the past 6 months?

117 respondents answered this question.

The most remarkable results for this question are the sustained improvements in people having been assessed 4 or more times in a six month period. We note an improvement from phase 1 (35% of respondents) to phase 2 (16%). This tendency has been sustained into phase 3, with 18% of respondents.

Commensurate to this is a shift towards an increased number of people reporting 1 or 2-3 assessments of their needs in the last 6 months.



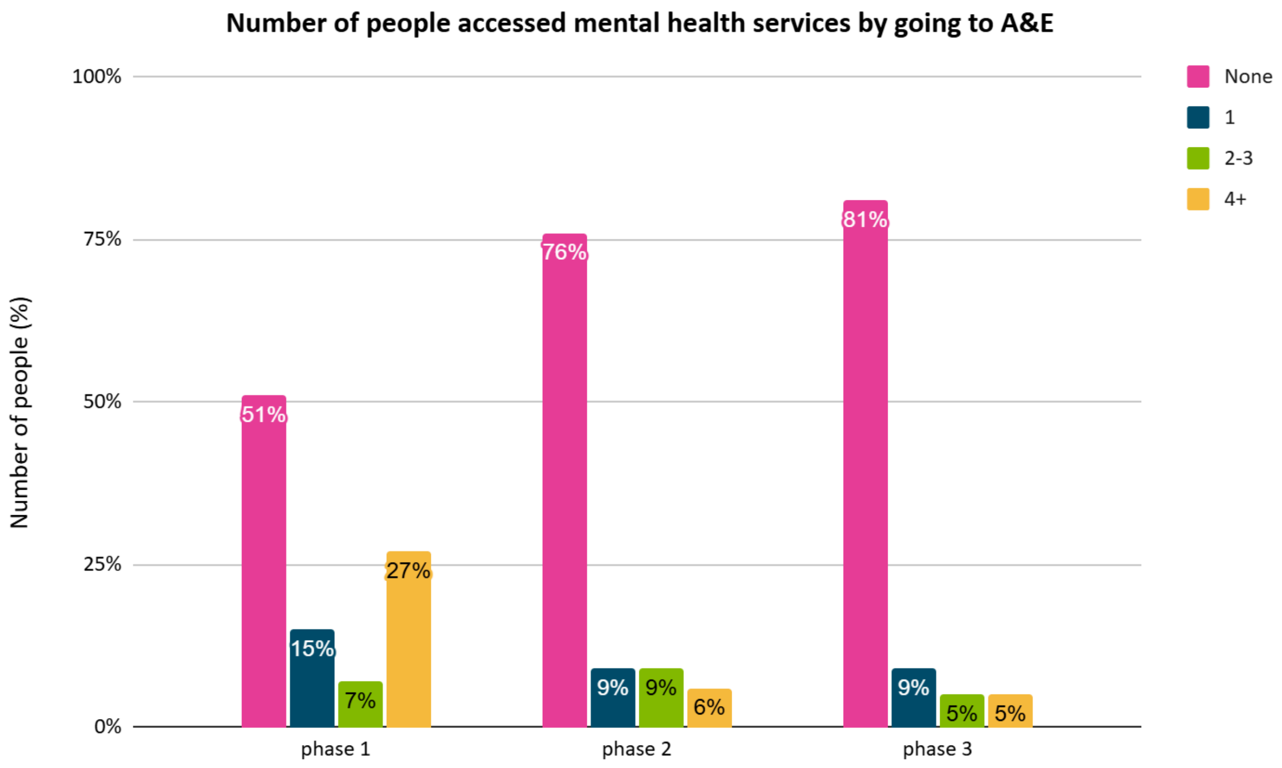
Question 5 - How many times have you accessed mental health services by going to A&E in the past 6 months?

From phase 1 to phase 3, we observe a steady decrease in both the number and the frequency of A&E visits due to mental health concerns, in the 6 months preceding the survey.

In phase 1 there was a fairly even split between the number of service users who had attended A & E (49%) and those who hadn't (51 %).

In phase 2 we observed a decrease in people visiting the A&E: 76% of the respondents did not, while 24% did at least once.

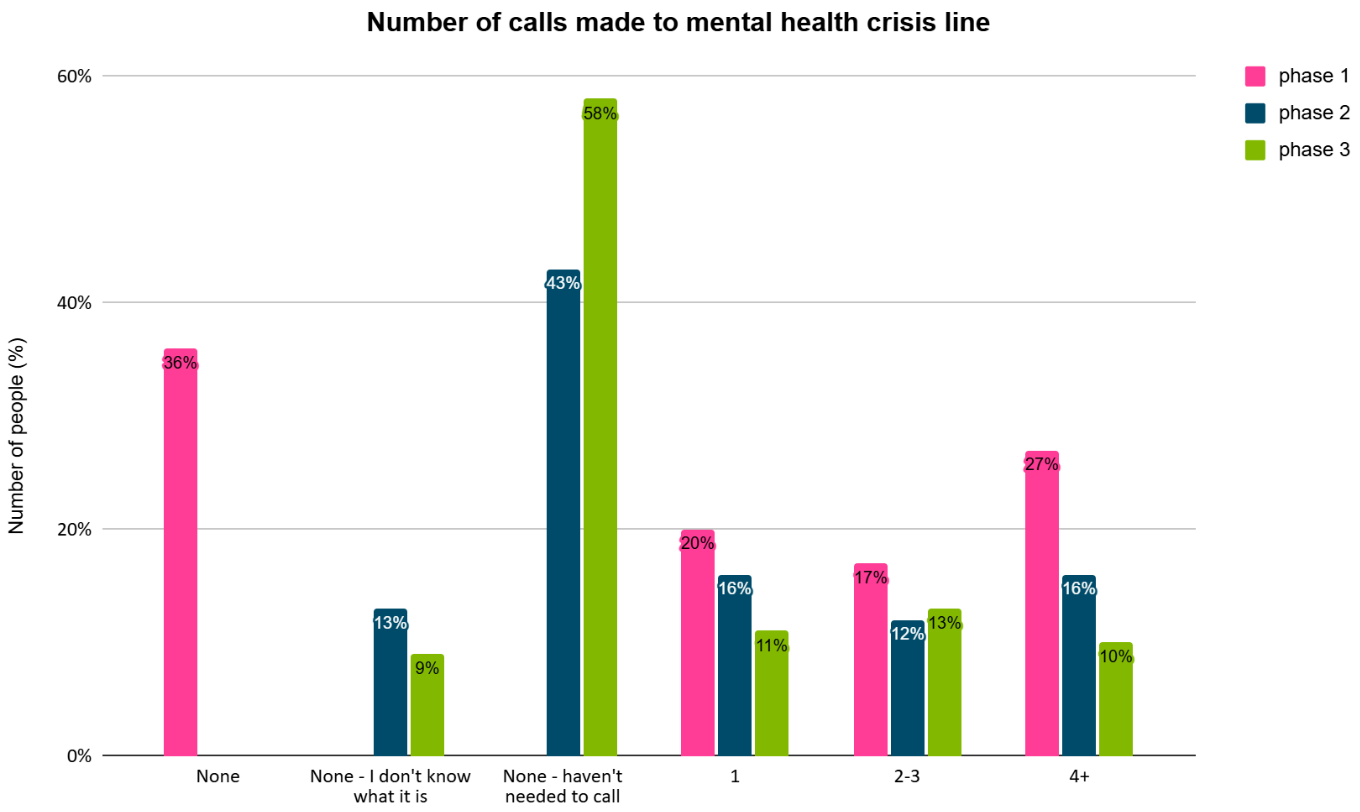
Finally, in phase 3, this tendency continues, as the percentage of respondents having attended the A&E in the past 6 months is still lowering. Indeed, 81% of the people stated they didn't visit the A&E in the last 6 months, whereas 19% did at least once.



Question 6 - How many times have you called the mental health crisis line in the past 6 months?

When conducting telephone interviews with service users in phase 1, we found that 36% of respondents hadn't used the mental health crisis line, but it was unclear if this was due to lack of need, or lack of awareness.
To mitigate this issue in phase 2 and 3, we added more detailed options to answer this question; people who had not used the mental health crisis line in the past 6 months could pick between "none - I don't know what that is", and "none - I haven't needed to call".

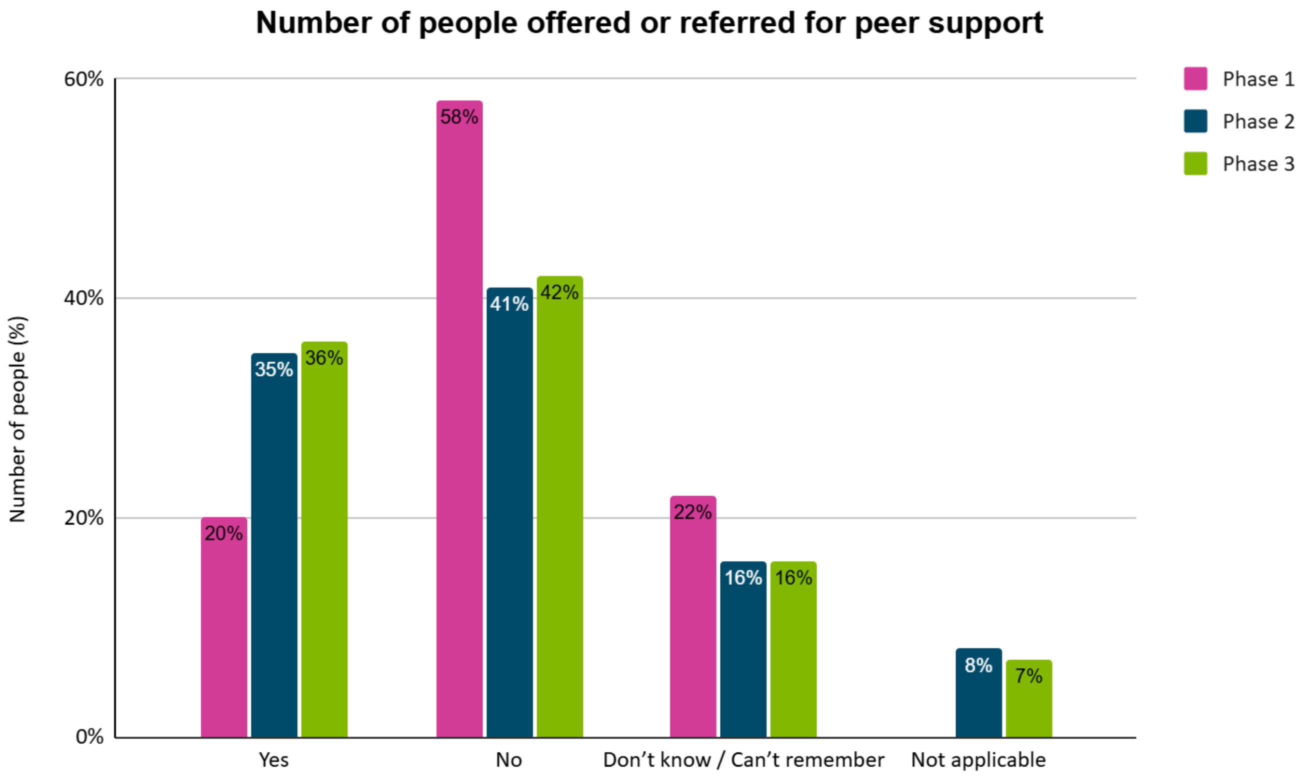
We notice a decrease in calls between phase 1 and 2, and then also between phase 2 and 3. Indeed, 64% of respondents had used the helpline at least once during phase 1, 44% during phase 2 and finally 34% during phase 3.
In parallel, we can note that awareness of the mental health crisis line has increased, as fewer people were unaware of it - 13% during phase 2, versus 9% during phase 3.



Question 7 - Have you been offered peer support or referred for peer support?

As a result of the unclear results in phase 1, we added the option of 'not applicable' to ensure there was no bias with people who hadn't accessed the peer support service for good reason (i.e. false negatives).

The most recent results indicate no change between phase 2 and 3. About 42% respondents were not offered or referred for peer support in the last two phases of the survey.



Whilst Peer Support itself is out of scope for this report, it is helpful to provide some context on Peer Support and the impact of increased referrals on services users.

Peer support involves people with similar experiences offering each other:

- Emotional support
- Knowledge and skills
- Connections to resources and communities

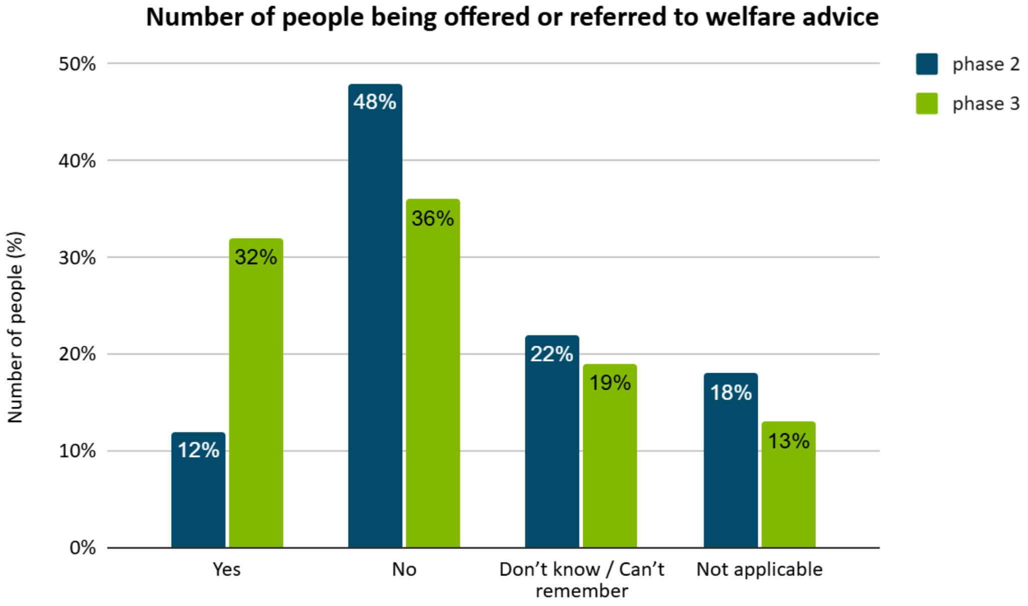
The service's internal monitoring shows positive impacts with services users reporting:

- 99% of total service users / carers were able to maintain or improve their mental health and wellbeing.
- 87% of service users / carers felt more confident in dealing with their day-to-day lives and felt more hopeful about their recovery.
- 80% of service users / carers improved their support networks or social connections.

Question 8 - Have you been offered welfare advice or been referred to the welfare advice service?

This question was added during phase 2, so phase 1 data is not available.
The results between phase 2 and phase 3 show a sharp increase in the number of respondents being offered or referred to welfare advice. Almost 3 times more people were offered the service between the last two phases, from 12% to 32%.
Patients not suitable for a referral to welfare advice – for example without housing issues or need for benefits- are represented in the "not applicable" category.

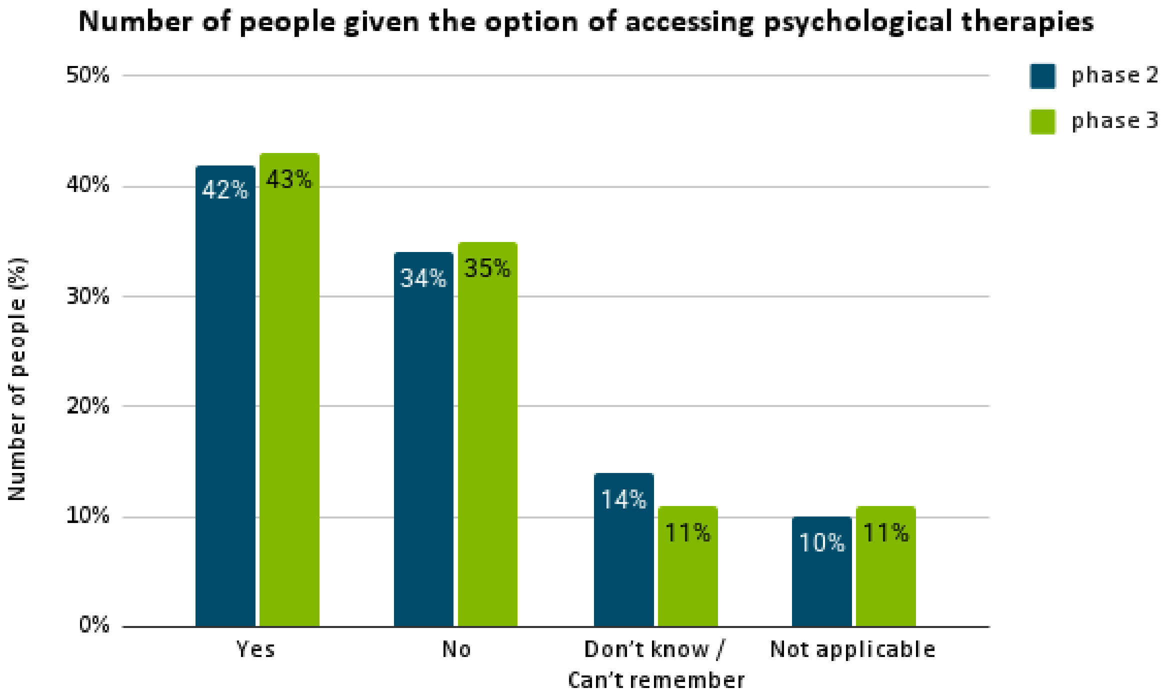
During phase 2, 48% of service users stated that they had not been offered welfare advice, whereas in phase 3, this percentage decreased to 36%. This improvement highlights a better promotion and awareness of this service.



Question 9 - Have you had the option of accessing psychological therapies (if needed)?

We added the option of ‘not applicable’ for this question in phase 2 and 3 to mitigate any potential negative bias whereby “no” included people who did not require psychological therapies.

The proportion of service users being offered the option of accessing psychological therapies stays consistent between phase 2 and phase 3, from 42% to 43%.



Question 10 - Over the past 6 months, what was good about your experience of the service?

81 service users answered this question. Although this question focussed on asking respondents about the positive aspects of the service, the responses presented mixed views - the same had previously happened in phase 1 and 2. This question received:

- 64% of positive comments
- 25% of negative comments
- 11% presented unclear views

The themes of the comments and general distribution were generally consistent with those presented in phase 1 and phase 2 (cf appendix 1 for the full list of categories).

Feedback about staff

During this third phase, 60% of the positive comments praised the staff. The recurring themes associated with the staff were kindness, empathy, listening skills and knowledge. The positive comments about staff were the strongest area of feedback across all three phases. In some cases specific staff were named which adds weight to this positive feedback.

> *"Amazing support offered from empathetic and experience staff. Staff are knowledgable and take all of your issues and concerns in to consideration. I have felt truly valued."* [1]

> *"No judgements, empathy all the way, I feel listened to and understood. I feel included in my care, this is so crucial. I feel like I can trust the team, which is massive for me, I just knew straight away that I was being fully supported. Really professional and friendly, the perfect balance, you guys are brilliant, thank you so much."*

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[1] Please note that to conserve the integrity of the qualitative analysis, the original quotes are verbatim and may contain typos or grammatical errors

Three positive comments specifically highlighted the importance of communication with care coordinators.

“I am able to access the support of the IRH, after my time with the EIS ended. I felt supported by my care coordinator through the transition.”

Regularity and flexibility of appointments

Ten service users praised the appointment process. They cited appointments and follow-ups as a positive aspect, with five respondents highlighting the benefit of flexible scheduling, and five respondents commending the positive influence of regular appointments and follow-ups.

“Being given appointment times suitable for me.”

“She was kind and empathetic and was able to be flexible with appointments to suit my schedule.”

“consultations being suited for my needs”

Peer support

4 service users shared positive feedback about the peer support system, which appeared as an integral part of the care and recovery process.

“Recovery cafe in tooting have been the best help as you can connect with others who may share a more understanding and similar struggles within mental health.”

“The Recovery Hub has been helpful for connecting with others, and the team running it is very kind.”

Other positive items mentioned

Other positive feedback covered a broad range of experiences. This breadth meant that there were often individual experiences rather than groups of experiences that could lead to themes. The following areas all received some positive feedback however:

- medication review (3 respondents)
- activities offered - especially yoga mindfulness (3 respondents)
- assessment (1 respondent)
- being reachable by phone (1 respondent)
- Recovery Hub (1 respondent)
- “Mood on Track” app (1 respondent)
- transition from child to adult care (1 respondent)

> *“The one person being consistent, rather than a mix of people. Also kind and compassionate.”*

> *“Recovery cafe in tooting have been the best help as you can connect with others who may share a more understanding and similar struggles within mental health.”*

> *“Was with adolescent outreach team and moved to adult services on turning 18. Adolescent outreach were very involved with multiple appointments a week and bi-weekly meetings with all involved in the care of patient. Adult services is a massive change with only one member of the team assigned to the care but weekly meetings at home have continued, and the presence of parents accepted/encouraged which in this case is very important.”*

Negative comments

Even though the question was about positive experience, it still received some negative comments. Across the 81 responses for this open question, 20 were negative comments.

The most common negative comments related to there being “nothing positive”, to report. In some instances this was because people felt that they had not experienced a service:

> *“[W]as meant to be doing Cbt that never happened”*

> *"I've got no support or therapy or medication reviews"*
>
> *"Assessment done, no follow-up, no outcome, no report, no further appointments. My daughter has just be let down again like all the other other mental health services she has accessed over the last 13 years."*
>
> *"It's difficult to get the treatment required in x2 half hour appointments in the last six months."*
>
> *"It's taken too long to get any decisions finalised… absolutely useless."*

If some service users elaborated their reply, helping pinpoint the areas in need of improvements, others stated scarce "nothing" or "none"; those answers were 12% of the total comments for phase 2 and 16% during phase 3.

Staff turnover

High staff turnover was a key feature of negative feedback received in phase 1. People reported that this led to them receiving multiple assessments but limited value in treatment. There were fewer references to high staff turnover in phase 2.

In phase 3, staff turnover was notably absent from the feedback. In contrast, there were positive comments about consistency and continuity.
staff being temporary and mention of a care coordinator who was "*great*" but unfortunately leaving the service.

There were some references to a lack of consistent care. We do not wish to minimise their importance, as they are clearly heartfelt, but it is notable that they appear less related to high staff turnover, and more related to issues of communication and service quality.

> *"The pdit team have been outstanding with their team and consistency I would also like to thank the peer support worker Whitney that was with the home treatment team had it not been for her the whole process would have been pointless and a box ticking exercise with agency staff that in all honesty come and go and have no chance to use the skills they have because of this."*

> *“but over all I felt that not a lot of communication about my care and what happen next , since transfer I still left with unknown and no explain whether I still continue have a care coordinator, no one explain anything if I don't have care coordinator and I don't know who to talk to about this, have been left in an unknown future.”*

> *“There is no continuity, no consistency, and no proactive advice about additional support or entitlements. I have ended up in A&E because the crisis line told me they were too busy to speak to me, and on multiple occasions, they never called me back. There is no direct way to contact the Madison Clinic, as their phone number only connects to the standard St. George's Mental Health Trust line. I have been without a psychiatrist or a point of contact for over nine months. If I didn't have a supportive partner, I honestly don't know if I would still be here, given how inadequate the service has been. For anyone struggling with their mental health, dealing with the Madison Clinic only adds to the burden rather than helping.”*

Question 11 - How did you find out about the service?

For phase 2 and 3, we incorporated a list of more detailed options to select from. This enhanced the categorisation process, and created more precise results for this question. The main changes over time appear to be the increase in referrals from another healthcare provider and a relative decrease in the proportion of patients who were longstanding.

Referral source	Phase 1	Phase 2	Phase 3
Unspecified	31%	N/A	N/A
GP	31%	30%	29%
Referral from another healthcare provider	23%	16%	30%
A&E	8%	9%	10%
Relocation	5%	6%	2%
Self-referred	2%	6%	5%
Long standing patient	N/A	27%	17%
Transition from children’s services	N/A	5%	2%
Other		2%	5%

Question 12 - Based on your experience within the past 6 months, how could the service be improved?

The answers predominantly consisted of strong statements evidenced by personal experiences. We noted some overlaps between this question and Question 10 - asking what was good about the service.
A total of 85 service users responded to this question of which around 20 were not negative comments (7 positive, 13 not applicable or mixed) comments. We did not note positive comments to this question in previous phases.

Feedback about staff

During phase 2, staff-related concerns garnered 16 negative comments, making it the primary issue highlighted for this question. However, in phase 3, negative feedback regarding staff attitudes significantly decreased to only 4 responses, consequently falling outside the top five areas of concern.

Appointments and waiting times

During phase 3, waiting times and a lack of appointments were identified as the primary area for improvement, accounting for 35% of all negative feedback received. This topic had already been highlighted during phase 1 and phase 2, where 12% of responses stated patients waited a long time to access support.

> *"It's awful to wait such a long time between op appts. Staff have been very dismissive when I'm in crisis"*

> *"Everything there needs to be improved. The time between sessions is appalling."*

> *"Referrals take too long. I waited for complex PTSD therapy for over 3 years."*

Feelings of dismissal or neglect

Analysis of Phase 3 feedback showed that 22% of negative comments were associated with patients feeling dismissed or neglected during their treatment. The comments reflected a broader sentiment regarding their experience of care within the service, not direct criticisms of personnel.

“By actually offering support and not neglecting me like they have”

“Listening to my needs and acting upon these - I am being discharged because the CMHT cannot meet my needs. I've had a significant life event which I now have to deal with in other ways.”

“not forgetting refferals”

“Agree to action the support and actually deliver it. I've had no support whatsoever and multiple interactions and nothing ever happens.. No follow up on agreed plans.”

Having more - and facilitated - contact with the service

12 respondents highlighted that they would benefit from more contact with the service, as well as a facilitated contact route.

“In theory more tel numbers, easier channels patient to individual”

“there shoulc be a different way of contacting someone I think if you have a problem it would be best for a direct conversation with someone at the clinic At the moment you havet to call St georges leave a message and someone's gets back to you”

“Think once a month they should go through everyone on the list and see how they are doing just check up calls because like me some people fall through the cracks and arent seen for months. I had to reach out again because i was feeling suicidal and they said i fell through the cracks and they apologised for me not being seen. So i think check up calls on people would be handy.”

“I don't call the Crisis Line because it is useless. There is no support avaliable. They tell you to go to A&E (impossible for me as I am housebound and have no access to transport whenever I want it), or forcably transfer your call to 999. There has been no duty nurse to speak to at any time.”

Continuity of care and coordination

Continuity of care was highlighted as a major issue in phase 1. Although this was still highlighted as a problem in phase 2, fewer people raised it as a concern. Continuity and consistency of care remains an important theme however the numbers of people expressing concerns continues to decrease.

"The consistency is stressful for an already struggling person trust is key"

"Consistency of care should be a priority [...] I'm meant to be seen every 3 months. This has not happened."

"It would have been lovely if my consultant who looked after me during my time with the EIS could have been at the transfer of care appointment with the IRH and if she could have given more details on my history to the staff taking over my care in the IRH."

"Think this is a waste of my time, but i did not like that the person who i first saw didn't stay long, i had been seen by different people each time & i change with the new person i see. Trusting someone isn't easy, so not been able to speak the truth in how i feel."

Transition from CAMHS to adult care

Whereas the transition from CAMHS had not been cited during the second phase of the survey, in phase 3 two comments were made specifically about the difficulties to transition to adult mental health care.

"Within the last) months my treatment was good. However prior to this I have been under CAMHS and other teams within adult care since I was 13. Throughout this time I had many incorrect diagnoses and unnecessary medications. This was as a result of professionals either not taking the time to understand the problem or not having the resources to deal with it. I had been dismissed in times of crisis and unable to access any support unless I had been left in a severe position or physically ill ."

“I think the transition to adult team from CAMhS could be a longer process, with maybe a period of time where the two overlap. This would allow a relationship to be built with someone new and adapting to the upcoming changes more gradually. This is essentially important when the patient is autistic and struggles hugely with change.”

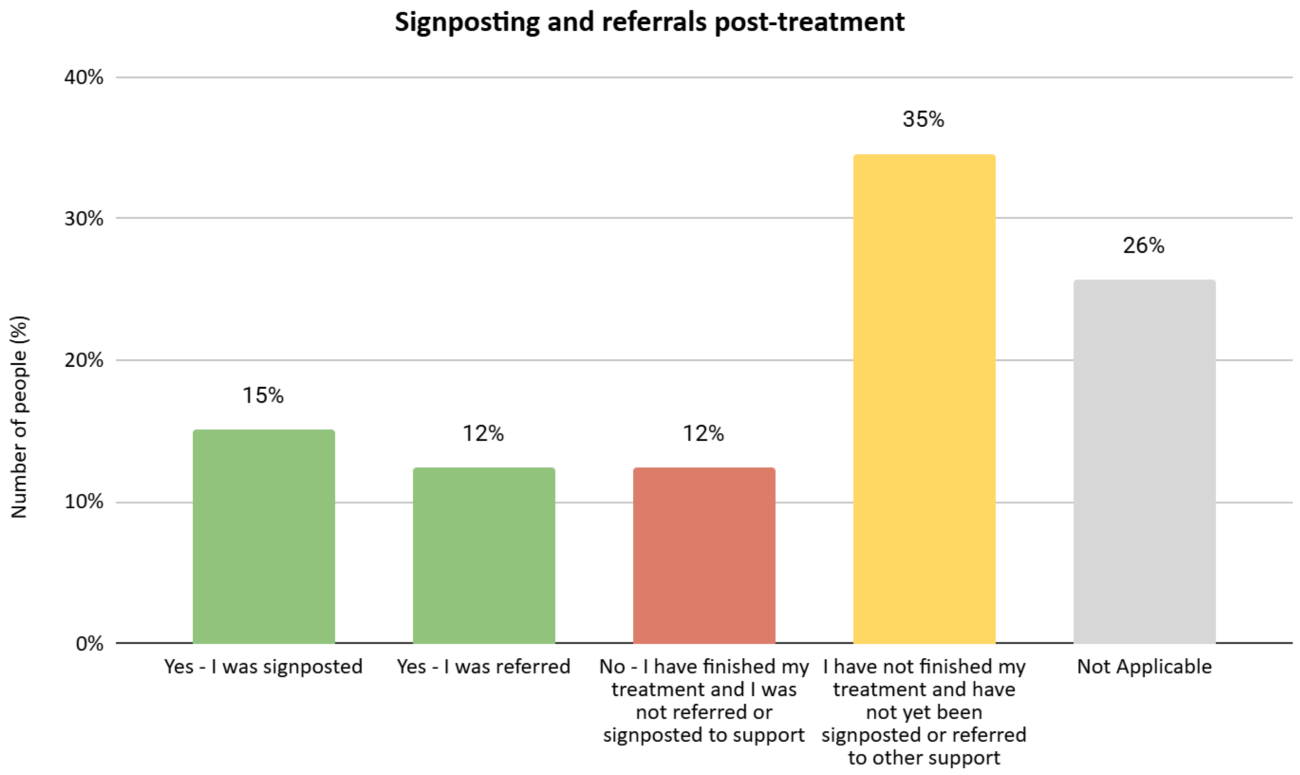
Other items mentioned

Other areas in need of improvement mentioned by the service users :

- Medication (8 respondents)
- Diagnosis (6 respondents)
- Advice and information (5 respondents)
- crisis support (4 respondents)
- Right to choose a woman psychiatrist (1 respondent, who is also a woman)

Question 13 -When you finished your treatment (if applicable) were you signposted or referred to support services e.g. primary care mental health workers, talking therapies, peer support, voluntary sector organisations?

113 service users answered this question. 26% of the respondents stated that this topic was *"not applicable"* to their current situation.



The comparison of the results for this question are complicated to analyse, as the format of the categories changed. The results shows consistency across the 3 phases.

Comments

In phase 3, respondents were also given the opportunity to provide comments regarding referrals and signposting for this question. 24 comments were submitted; among these, 6 explicitly stated a lack of awareness or confusion concerning their referral status, including whether they had been referred or if they should expect a referral.

“Haven't really been contacted much and have just been left in limbo so don't know ow what's going on at all.”

“I asked the services if they could transfer any relevant information onto my GP and possibly refer me onto any services within my area back home, which they never did and haven't contacted me since either.”

“I don't really know a lot about what happen to me.”

Some respondents gave more in-depth details on where they had been signposted or referred to, citing VCSE - including Richmond Aid and peer support, - the GP, talking therapies, employment support.

4 people provided further detail about how they had been negatively affected by the lack of follow up support.

“When my previous therapist left I was told that I could continue treatment when they had replaced her. It has been 4 months since and I have heard nothing from any services updating me or seeing if I need any additional support.”

“Apart from an assessment my daughter has not even started any treatment”

“Non existent. I gather that noone will bother to follow up”

Conclusion

Progress with transformation

There is a general trend of improvement throughout the findings which is of course an incredibly positive achievement and one that staff at the Trust should be congratulated on. In some areas, these improvements are quite marked - for example the reduction in patients describing staff turnover as the key feature of their care experiences.

There have undoubtedly been significant improvements in continuity of care, waiting times and patients feeling that they get the help that they need. As these started at a low base however, satisfaction in these areas remains poor with net promoter scores of around 10%. The Trust is on the right path in making these improvements and should continue to strive for, and celebrate, further improvements.

These findings enable the Trust to identify priorities for improvement and also for recognition.

Priority areas for continuous improvement

The following are areas where improvements are still needed. In many of these the Trust is already moving in the right direction and just needs to continue its focus on improvement. This is the case for the following quality statements (Question 3):

- Q1: I have been satisfied with the time taken to access support.
- Q9: The support planned has considered my personal circumstances and needs.
- Q11: All the people involved in my care have shared the information they need to provide a good standard of care to me.
- Q12: I have felt that there was continuity in the care I received.
- Q17: I was satisfied with the support provided to me.

Areas that need a different approach

Under these headings for Question 3, satisfaction remains low and the transformation programme has not done enough to drive improvements.

- Q8: I have received the help I need.
- Q13: I have had a choice in the treatment I received.
- Q12: I have felt that there was continuity in the care I received.

- Q19: I was satisfied with arrangements for my discharge or transfer out of the service.

Note: Q12 appears both in this section and the section above. The transformation programme has clearly led to a 19% improvement and so this activity should be continued. It is unlikely that this alone will lead to a sufficient improvement in patient satisfaction. Therefore existing efforts should be expanded upon, not just continued.

Areas to celebrate

The following subsections from Question 3 are performing satisfactorily and may have limited scope for further improvement or may otherwise not need to be priorities:

- Q2: My family and carers have been involved in my care (if you want them to be involved).
- Q4: Appointment times have been at a convenient time for me.
- Q7: The people I spoke to have listened to me.
- Q10: I have been told where I could find more information and support if I needed it.
- Q14: I have been included in discussions about my medication(s) and any choices I might have.
- Q18: The staff caring for me treated me with empathy and kindness.

We also encourage the Trust to draw learnings from this review to inform their work. While the service still needs to improve and push toward an “outstanding” status, the progress made is evident and valuable, and these efforts should persist.

Recommendations

While some areas still require improvement, this three-phase survey demonstrates the positive outcomes of the Transformation process initiated by the Trust.

We recommend that the Trust review and consider the findings of this report and discuss them with us should they wish. The Trust should produce an action plan to explain how they will implement the following recommendations:

- **Celebrate achievements and pursue continuing efforts to improve** - including in relation to the outstanding staff, reduced staff turnover, and feedback on peer support structures.

- **Focus activity to improve in the areas identified by this report**:
    a. facilitating contact routes
    b. waiting times (for example follow ups during waiting times, assure services users that they are still on the waiting list, that their position is secure)
    c. continuity in care, including discharge process (for example check-list before the discharge, care plan clearly written, next steps explain in an easy to read and easy to understand manner, referrals or signposting)
    d. satisfaction with the support received (sub-section 8 in Question 3)
    e. choice in the treatment received

Response from the Trust

After sending the Trust our full report on 31st July 2025, we are still looking forward to receiving their full response about their plans for future advancements in patient care and we are grateful for their continued effort and enduring commitment to improving mental health in the borough.

In the meantime the Trust provided a partial response on 11th November stating:

- We continue to offer a range of contact routes including face to face and e-consultation for appointments. Teams have a daily duty system (Monday-Friday 9am-5pm), the contact centre has details of who is on duty and will forward messages on accordingly.
- We are testing new approaches for people waiting for psychological interventions, to improve communication and support people to feel connected to their teams during this period.
- We are strengthening our discharge and step-down processes by working more closely with our primary care colleagues including our primary care network (PCN) mental health workers who are based in GP surgeries.
- We have extended our peer support provision with VCSE organisations within Richmond for a further two years. This extension of provision will offer more choice of intervention for people accessing our service and those people who are discharged/stepped down from our services.
- We are improving our care-planning across the organisation by implementing DIALOG + careplanning.
- All interventions offered are within NICE guidance, our services will continue to ensure people can make informed decisions around their care and treatment in line with NICE guidelines.

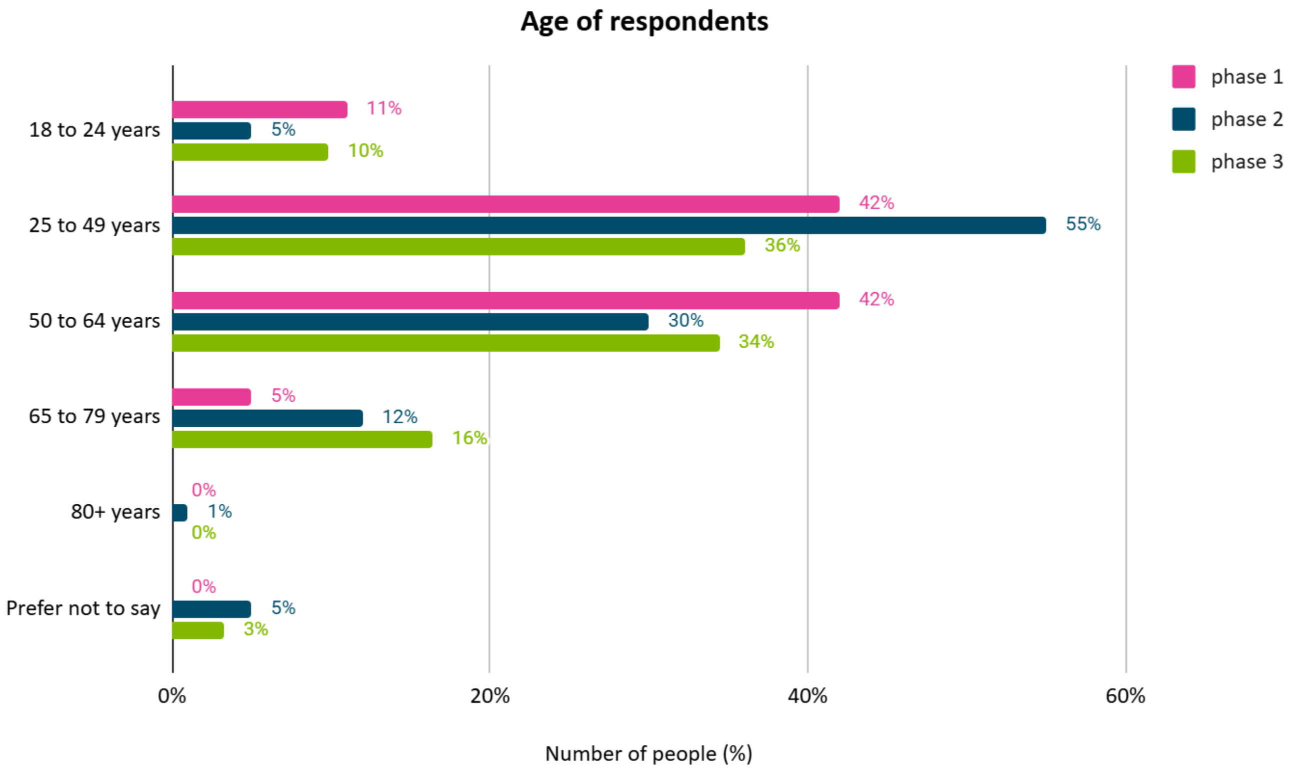
We extend our sincere gratitude to our close collaborators on this joint endeavor; it was a genuine pleasure working with you. We look forward to seeing in due course how the Trust implements our recommendations and drives improvements based on the findings of our work.

Appendix 1 - Demographics

The results of the demographic data were fairly consistent to phase 1 and phase 2, and overall broadly reflective of Richmond Borough.

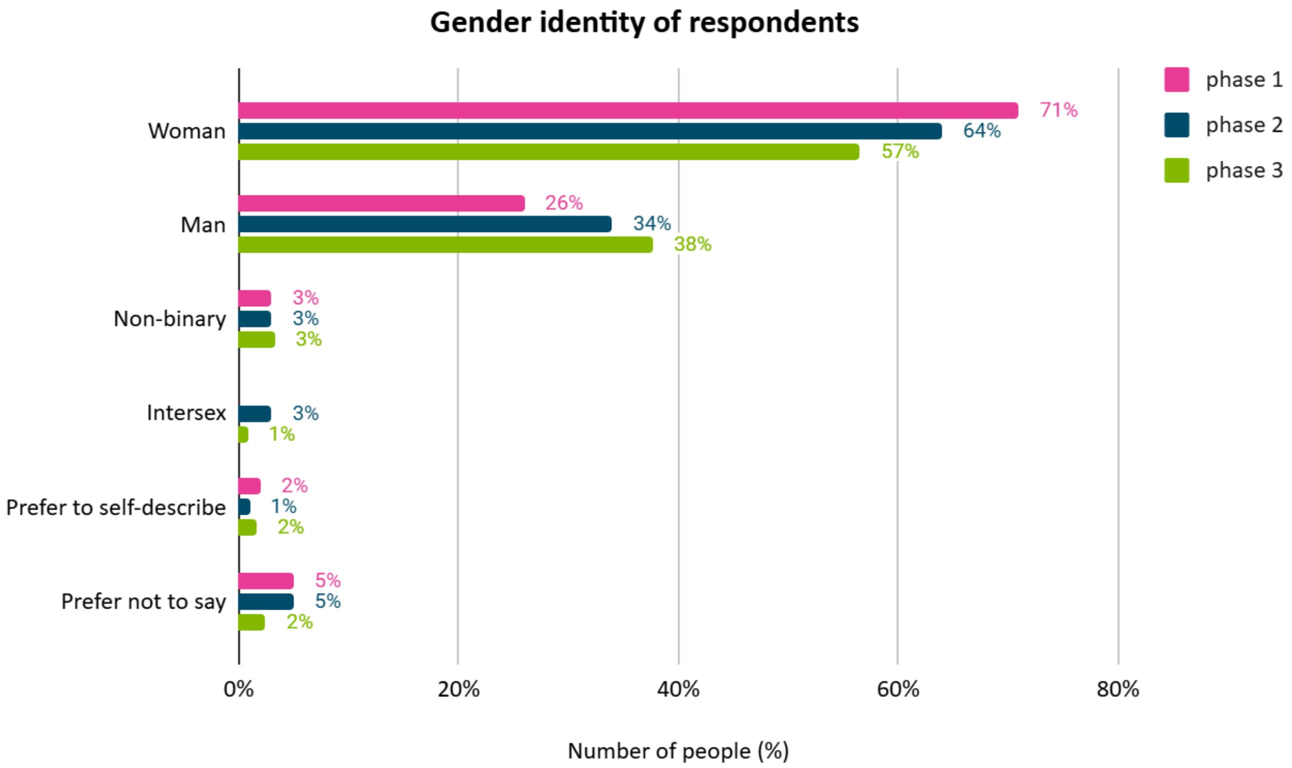
Question 14 - How old are you?

We note that across the 3 phases, the most common age range was 25-49 years, and then 50 to 64 years old.



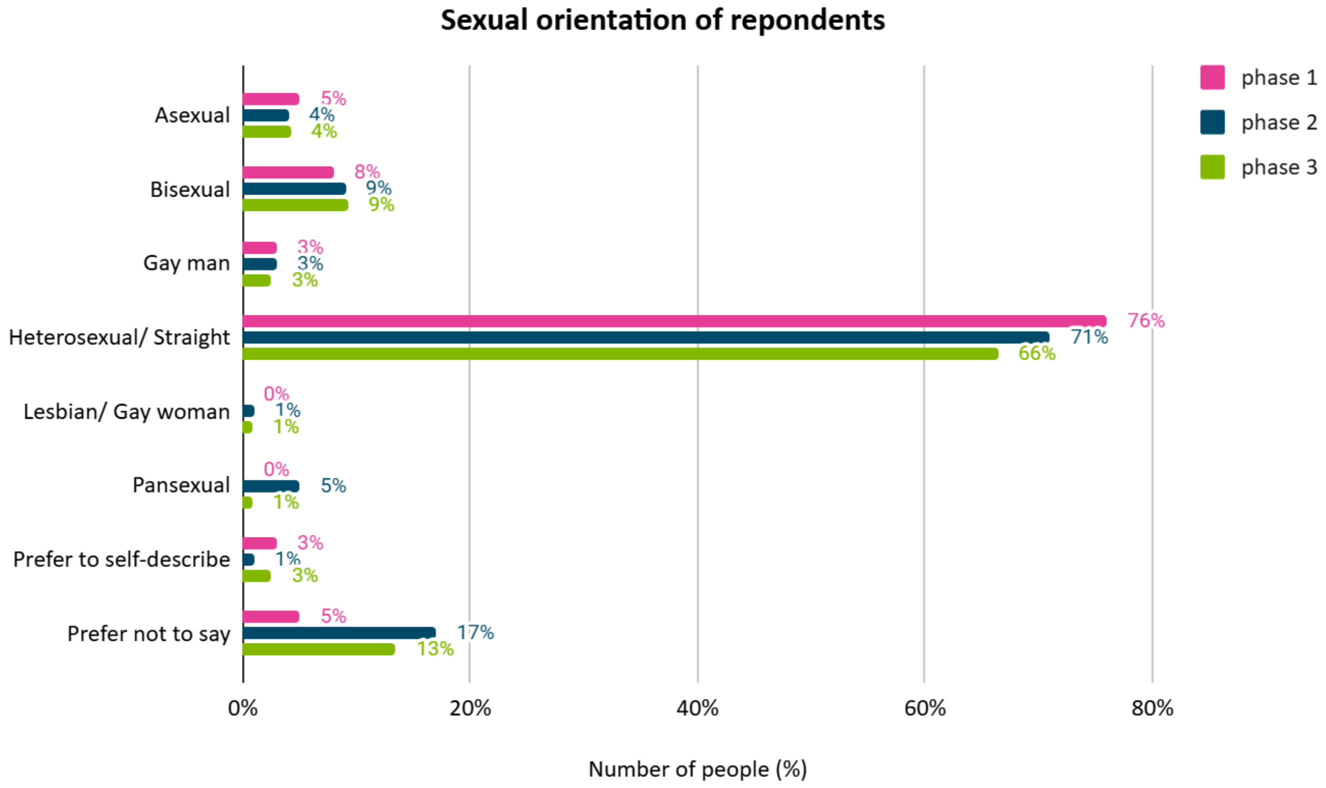
Question 15 - What is your gender identity?

Even though we observe an increase in men respondents from phase 1 (26%) to phase 3 (38%), the majority of service users were women across all phases.



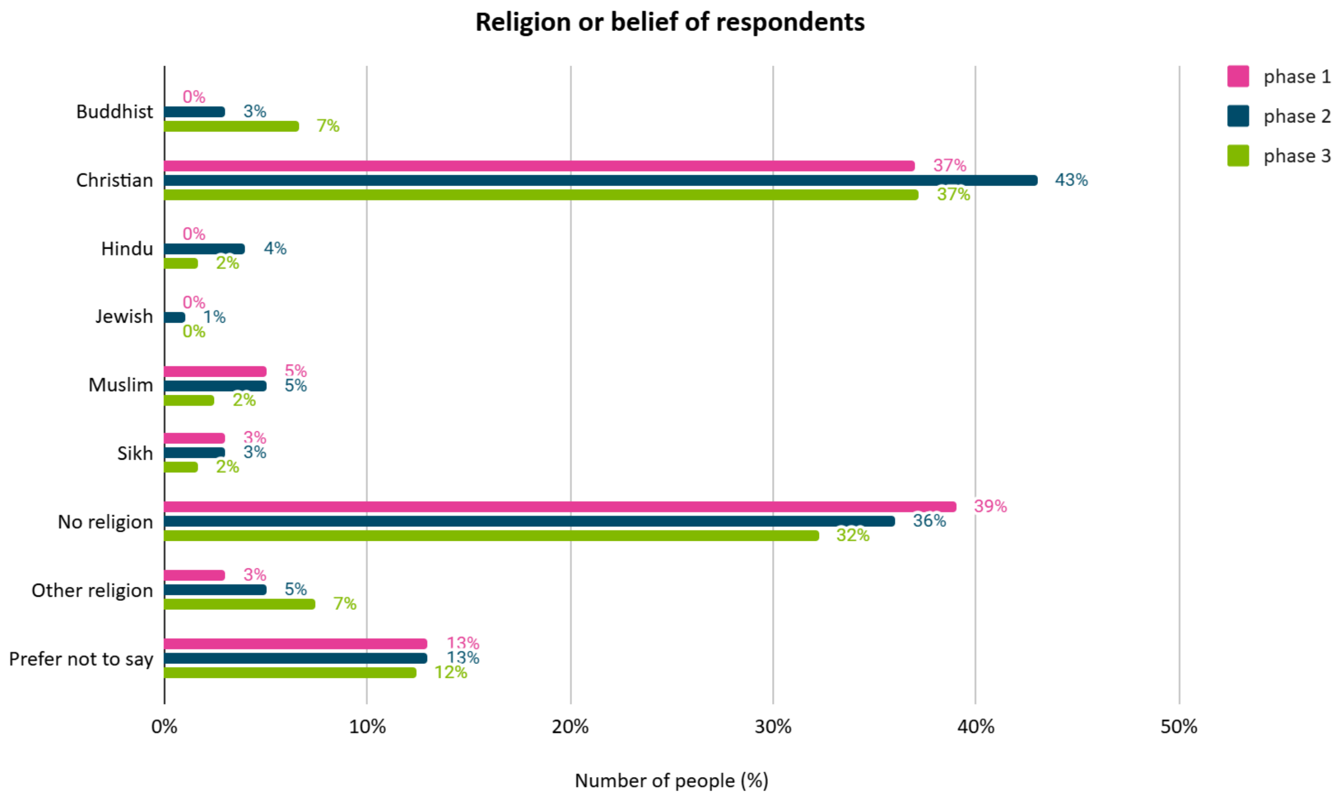
Question 16 - What is your sexual orientation?

119 service users answered this question, with 66% stating they were heterosexual/straight. We note that across all phases, the majority of service users defined their sexual orientation as *heterosexual/straight*.



Question 17 - What is your religion or belief?

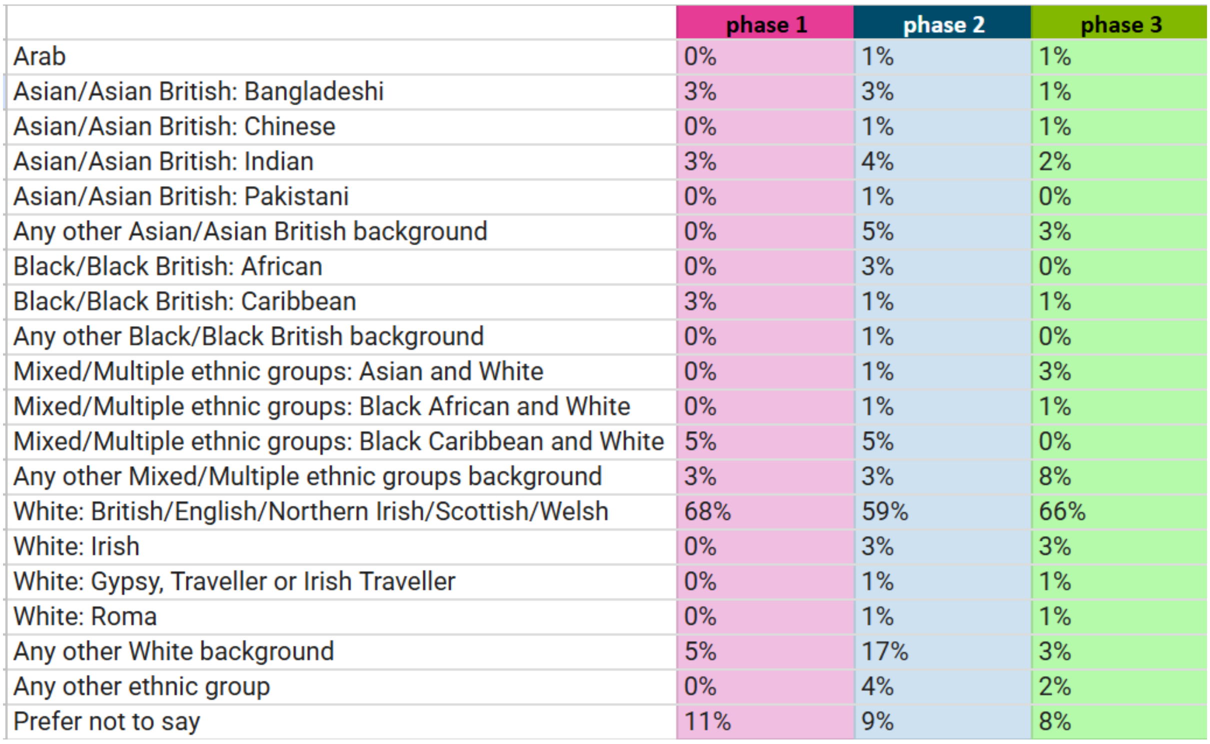
The two most selected responses were *Christian* and *No religion*. This tendency was steadily observed across the three phases of the survey.



Question 18 - What is your ethnicity?

Across the three phases of the survey, over half of the sample selected their ethnicity as *White: British/English/Northern Irish/Scottish/Welsh* - 68% in phase 1, 59% in phase 2, and 66% in phase 3. This data is consistent and reflective of Richmond demographics.

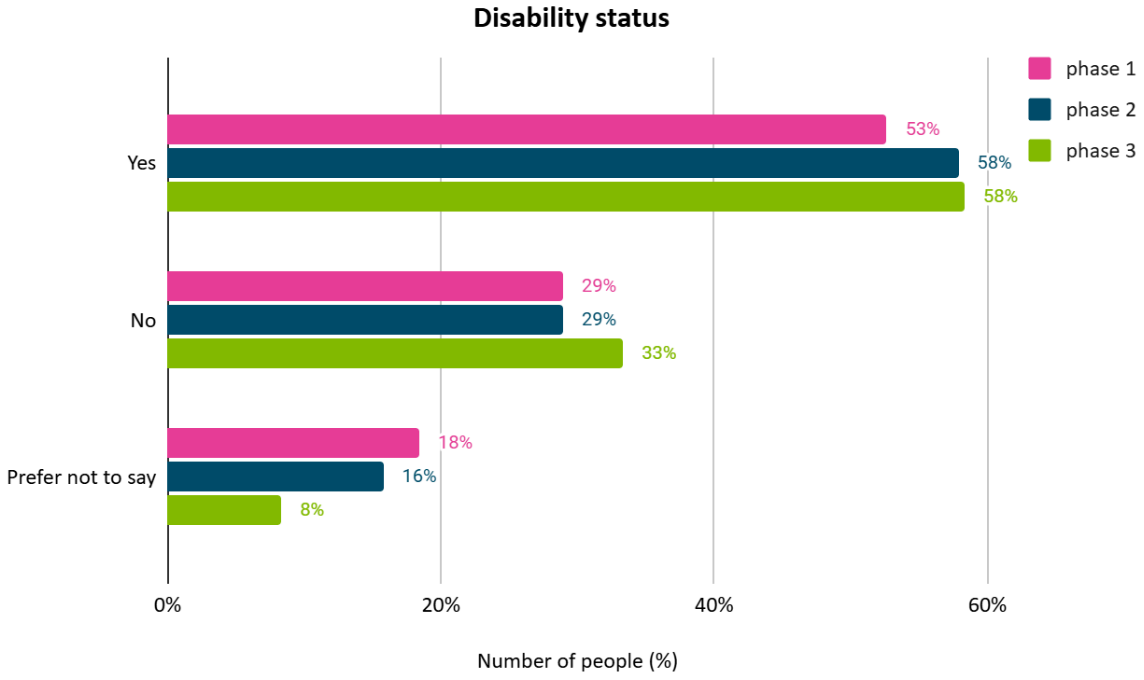
Ethnicity of respondents



	phase 1	phase 2	phase 3
Arab	0%	1%	1%
Asian/Asian British: Bangladeshi	3%	3%	1%
Asian/Asian British: Chinese	0%	1%	1%
Asian/Asian British: Indian	3%	4%	2%
Asian/Asian British: Pakistani	0%	1%	0%
Any other Asian/Asian British background	0%	5%	3%
Black/Black British: African	0%	3%	0%
Black/Black British: Caribbean	3%	1%	1%
Any other Black/Black British background	0%	1%	0%
Mixed/Multiple ethnic groups: Asian and White	0%	1%	3%
Mixed/Multiple ethnic groups: Black African and White	0%	1%	1%
Mixed/Multiple ethnic groups: Black Caribbean and White	5%	5%	0%
Any other Mixed/Multiple ethnic groups background	3%	3%	8%
White: British/English/Northern Irish/Scottish/Welsh	68%	59%	66%
White: Irish	0%	3%	3%
White: Gypsy, Traveller or Irish Traveller	0%	1%	1%
White: Roma	0%	1%	1%
Any other White background	5%	17%	3%
Any other ethnic group	0%	4%	2%
Prefer not to say	11%	9%	8%

Question 19 - Do you have a disability?

During phase 3, 58% of respondents stated that they were living with a disability, whereas 33% stated they were not. 8% of the sample preferred to not disclose this information. This data is overall consistent with the previous results observed during phase 1 and 2.



Question 20 - Do you have a long-term condition?

81% of the service users declared that they were living with a long-term condition, whereas 12% stated they were not. 7% of the sample chose to not disclose this information. This data concurs with the previous results observed in phase 1 and 2.