

**Oasis - Report and Evaluation 2017-2018**

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# Executive Summary

The Oasis service was evaluated by Dr Olive Fairbairn in February 2018.

The evaluation covered the period between 18th April 2017 to 31st January 2018.

The evaluation included the following:

* **Review of Oasis attendance and outcome reports**
* **Interviews of Oasis attendees**
* **Review of attendee evaluation questionnaires**
* **Review of referrer evaluation questionnaires**
* **Audit of the impact of Oasis attendance on the use of NHS services locally**

**Conclusions**

**Patient satisfaction was very high, and patient reported outcomes were very positive**.

There is no doubt that the Oasis is providing significant benefit to those who attend.

**Attendance rates at the Oasis have remained high and show a healthy mix of new and regular attenders**.

This suggests that there is an on-going need in Farnborough which continues be met by this service.

**The GP Audit was a small study but nevertheless it showed benefit to the health economy through a decrease in A+E attendances, MH related admissions and SABP referrals**.

This finding is supported by the Frimley Park A+E data. It may be helpful to undertake a study including a larger number of patients in the future, including exploration of the experience of those patients who only attend on one occasion.

**The GPs strongly support the Oasis and have found it valuable in the management of their patients.**

The GP Audit showed no impact of the Oasis on primary care. Local GPs manage their patients with mental health needs well, and it will take time for GPs and patients to understand the most effective role for the Oasis in both the primary care and secondary care MH pathway.

**The Peer-led mental health support groups expressed a more negative opinion of the Oasis.**

This negative feedback is helpful and will be explored with Just Wellbeing and the groups involved.

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# Local Context

Farnborough has the highest proportion of people diagnosed with a severe and enduring mental illness in the NEHF CCG area. The prevalence of depression is also marginally higher than the rest of the CCG area and significantly higher than the England average.

The Farnborough Health Needs Assessment 2015 states that:-

*Hospital stays for self-harm are significantly higher than both the Hampshire and England average. This may reflect a high prevalence of mental health problems in Farnborough and a need to strengthen mental health services in the ICT.*

Farnborough also has higher than average admissions for alcohol, which is commonly associated with self-harming behaviour and mental health need.

Practices in Cove report that their patients struggle to access the Safe Haven in Aldershot as transport links to Aldershot are poor from this area. The Safe Haven reported that over a 2-week period at the end of April 2016 only 15% of attendees were from the Farnborough/Cove area. These figures confirm the GP’s impressions.

There was an engagement event in August 2016 for the local population with mental health problems. This was supported by several charitably funded peer support groups that work with this population in Farnborough. The feedback obtained confirmed that transport links to Aldershot are poor from Cove, and that for those feeling low and vulnerable, travelling to Aldershot is not easy. They supported more services in Farnborough, either in the town centre or Cove, with a friendly, relaxed atmosphere, but providing stimulus, interesting learning and the promotion of independence.

The Oasis was launched as a pilot project on the 18th April 2017. It is funded by the North east Hants and Farnham CCG, managed by Salus Ltd, a local GP Consortium, and delivered by Just Wellbeing.

# Service overview

The Oasis is situated in Cove. The location is central to the population it serves and is accessible by public transport. The service which allows individuals to drop in without an appointment operates 7 days per week between the hours of 18.30 - 21.30.

The Oasis is staffed by three mental health professionals. It does not have a mental health clinician, but transport is provided to the Safe Haven in Aldershot if clinical input is needed. During opening hours, the door is kept locked. This ensures anyone knocking on the door will always be greeted by a member of staff who are able to welcome the individual to the service and instantly asses the level of support needed.

The Oasis provides crisis intervention and urgent one to one support in a safe, relaxed and friendly atmosphere. People have the opportunity to speak with staff on a one to one basis, get support from others in the same situation or sit quietly on their own. In addition to crisis support the Oasis reduces social isolation for many vulnerable people helping to maintain their mental wellbeing or preventing their mental wellbeing deteriorating to a point of crisis.

All staff work with individuals using the recovery model enabling choice, empowerment and engagement. Individuals are supported to write crisis plans if they haven’t one or encouraged to re visit their plan if they have one in place. Individuals are supported to look at work they could be doing or have done with other organisations, for example the Recovery College to reinforce self-management and avoid duplication of work. Individuals are signposted to relevant organisations for more support if appropriate.

# The Oasis Attendance and Outcome Figures, 18th April 2017- January 2018

## Attendances

*Figure 1: Total number of the Oasis attendances and total number of people using the service each month*

There were **2283** attendances to the Oasis by **161** individuals. The average number of individual people attending each month was **36** withan average of **10** peopleattendingeachevening**.**

The reason for attendance at the Oasis is broken down into three categories.

1. Crisis – The person presents in a distressed state and unable to rationalise their emotions. They may be experiencing suicidal thoughts or an intent to self- harm.
2. Preventative – The person presents to prevent a crisis developing. To gain support to manage self-help techniques and ensure crisis plans are being followed.
3. Maintenance – The person presents to continue with learning new skills to support recovery. May well be socially isolated and benefits from peer support

*Figure 2: Reason for attendance at the Oasis*

A rough analysis of the number of times people attended showed that the majority of people accessed the Oasis once. Frequency of attendance was broken down into 4 categories:

* Very Frequently – Over 20 times per month
* Frequently – 11 to 20 times per month
* Occasionally – 2 to 10 times per month
* Once

*Figure 3: Frequency of attendances per person per month*

There are 17 frequent attenders.

* 11 have attended regularly for 1-3 months then come occasionally or not at all
* 2 people attend consistently between 5 and 15 times per month
* 4 people attend most frequently, over 20 times a month for 5 or 6 months

However, in any one month, only 4-6 people are attending regularly over 15 times.

These few regular attenders are being kept well. For example, one person, who has been signposted to other agencies, prefers to attend the Oasis nightly as a coping mechanism for his addiction problems.

The staff at the Oasis work hard at managing the regulars and ensure all are engaging in meaningful activity to promote recovery and independence.

## Outcomes

One remit of the Oasis is to refer or signpost people to other organisations for appropriate support. This is done on a regular basis when needed.

### Routine Signposting

*Figure 4: Number of referrals/signposting for appropriate support*

There have been no referrals made to CMHRS as the Oasis is unable to refer directly. If a referral is needed people are advised to see their GP so a referral can be made.

### Emergency Services

* Safe Haven - Twopeople have needed input from the Safe Haven. One person was taken there for assessment and then needed to attend A+E as he was acutely psychotic. On one occasion telephone advice was given by the Safe Haven.
* 111 was phoned for advice after a person said they had taken a small overdose. An ambulance was called. The person was checked over and no further help was required.
* A+E - Four people had taken overdoses (one by accident) and required A+E assessment

# Review of Attendee Evaluation Questionnaires

40 attendee evaluation forms filled in between October 2017 and January 2018 were analysed.

**Question 1.** What would you have done if Oasis was not open?

This is an open question, some gave 2 answers.

*Figure 6: What people would have done had the Oasis not been open*

*Figure 5: What people would have done had the Oasis not been open*

**Question 2.** Would you attend the Safe Haven in Aldershot if the Oasis was not open?

9 people (22.5%) said that they would go to the Safe Haven if Oasis was not open.

**Question 3.** If not, why not?

Of the 31 (77.5%) who said they would not,

*Figure 6: Reason for not attending Safe Haven*

**Question 4 – 9**

These are patient satisfaction questions and there were very few negative answers.

**Question 4.** Have your goals been met?

92.5% said yes.

**Question 5.** Was the service effective?

100% said yes.

**Question 6.** Did you feel better after attending the Oasis?

97.5% replied that they felt better.

**Question7.** Were you treated with dignity and respect?

100% replied that they were treated with dignity and respect.

**Question 8.** Was the environment satisfactory?

100% replied that the environment was satisfactory.

**Question 9.** Would you recommend the Oasis to your friends and Family?

97.5% replied yes.

### Attendee Comments

“This local service was my sanctuary I needed to escape and knew I would be there in 5mins. I did not want to be travelling any further than Cove Rd being in such a state. I was given as much time as I needed wasn't rushed at all I just sat and cried for 20mins I was listened to and given advice. I felt so much better and knowing this place is so near reassures me of immediate help again if I am not coping again”

“This service was an absolute god-send. I was in a pretty awful state 4mnths ago and found out about this service through my GP. I was treated with empathy respect and compassion and just talking to someone openly left me feeling much better. An excellent resource in my community offering exemplary service”

“Open earlier. Lovely people and place is in good location from where I live”

“Had good support here and have helped with other connections with Trailblazers and housing. Also signposting and benefits as on lowest ESA and struggling to live at present as the DWP are putting me in crisis and I don't know how much longer I can carry on. Oasis are helping me otherwise who knows.”

“I can honestly say that my time at the Oasis has saved my life my marriage my relationship with my kids. It is the place to come even if all I wanted was time out from my problems. The staff have been supportive and helpful. Since coming here I have learnt how to deal with my anger and also learnt to deal with my problems.”

“I am now a more well-rounded person who for the first time in 20yrs feels like a normal human being with visions of hope and a future that I am not scared off.”

“The Oasis is helping me to resist the temptation to self-harm and resist carrying out suicidal activity”

“More private rooms, more things to do, longer opening hours”

“A lot of places you do not feel listened to treated as though stupid and not wanted, too much trouble. Here it is different. Staff listen and help. I don't usually engage with services but can engage at the Oasis.”

“The Oasis is proving to be a life saver. Increase funding. Needs to be valued by those in power.”

“Found it to be a difficult month but had good support from staff to get through, still finding things difficult though especially when it’s out of my control”

“I may have ended up in A+E if I self-harmed”

# The Oasis Interviews Report

At the end of January 2018, five regular Oasis attendees were interviewed and asked:

1. Why they attended Oasis?
2. Had they benefitted from attending the Oasis?
3. What comments would they like to make on the service?

They all had significant mental illness and had at some stage been under the care of psychiatric services. Three remained under Community Mental Health Recovery Service care and two were under the care of their GP. All were on psychotropic medication.

Each story was different, but there were common themes which were notable.

* **The Staff** were highly praised
  + They listen and are very patient orientated and provide a helpful variety of approaches
  + They help to process the discussions with other professionals e.g. Care Co-ordinator or Recovery College.
  + They offer challenge and apply advice to real life
* **The Environment** 
  + Is very open and friendly, relaxed and non-judgmental
  + An effort is made to avoid cliques. One commented that she rarely sees the same people each evening
  + All five found it hard to attend at first but once they managed to knock on the door they were warmly welcomed by the staff
* **Access**
  + Evening and week-end opening was supported because
    - there is no other help available at these times.
    - those who were working were able to attend
    - evening sessions helped some to settle in the night
  + Regular daily opening avoided confusion and provided reassurance
  + They chose not to go to Aldershot, because of
    - distance
    - fear of the town and people who live there
* **Outcomes** mentioned in the interviews
  + decreased A+E use and self-harming
  + support in understanding professional advice and therapy
  + onward referral to other services, e.g. the Recovery College
  + increased volunteering
  + part-time employment
  + less days off sick from work
  + improving confidence more eye contact with people
  + learning how to cope and manage stress
  + learning how to behave in difficult situations
  + better anger control
  + helpful self-assessment and reflection using the Recovery Star
  + peer support – help from others, and helping others
  + practical advice, e.g. help with food and eating
* **Comments made** 
  + Further develop peer support
  + As numbers are growing, may need more space, especially private rooms
  + Day time services to adopt the same approach

### Summary

All of them had experience of other local mental health services, but had found that Oasis had a more inclusive, patient orientated and non-judgmental approach. This complemented and built on other help that they were receiving. Support is informative, practical and goal orientated.

The atmosphere is welcoming, and peer interaction and support encouraged.

* One person has found part-time paid employment in a local charity shop after being unemployed for many years.
* One person has started an Art Group and is setting up a market stall for the group. He plans to retrain as an Art Therapist and is slowly reconnecting with his children.
* One person has significantly decreased her sickness days at work.
* One person has significantly decreased his attendances at A+E, and his self-harming behaviour.
* One person has found Oasis has enhanced her learning from the Recovery College and her care-co-ordinator.

# Review of Referrer Questionnaires Report

Questionnaires were sent to local services that refer or recommend people to the Oasis. Responses were received from the following

* General Practices
* NE Hants Community Mental Health Recovery Service
* Improving Access to Psychological Therapy (IAPT) TalkPlus
* Voluntary Sector (Community Access Project)
* Peer Support Groups (Branches, SUGS)

## General Practices – 6 of the practices in Farnborough

**Awareness and information** about the Oasis was widespread in the surgeries, only one surgery reported less than 100% awareness among the clinical staff. All surgeries used posters, cards and advice in consultations to increase awareness to patients. Only one practice reported that they occasionally recommended the Oasis, the other 5 all reported that they recommended Oasis “All the time” or “often”.

Advice on The Safe Havendecreased in three practices, who preferred to recommend the Oasis with the understanding that patients would be referred onto the Safe Haven if needed. The other three practices continued to recommend the Safe Haven for the following reasons –

* Patient choice
* Previous attendance there
* Lived closer (North Camp Surgery)
* Needed a professional secondary care mental health assessment

Practices chose the Oasis because it was closer; they reported that patients were unable to reach Aldershot or afford to travel there.

**Feedback** from patients to GPs was limited. Two practices reported no feedback at all. Those who had received feedback had found it positive, and no practices reported negative feedback.

**Conclusions and comments** were all positive, all the practices wanted Oasis to continue.

“Invaluable… thanks, keep it going!”

“Needs to continue, couldn’t manage without it”

“Fantastic resource for patients with thoughts of self-harm or suicide – I have a number of

patients who use the service when feeling desperate. Please keep it going it’s brilliant!”

“Very helpful that it is local, people in crisis find it difficult to go to Aldershot”

“Provides additional wrap around support for a patient that may not otherwise receive any

other form of support i.e. not serious enough”

“Suits some but not others so good to have as an alternative provision”

“Really helpful to several patients to help them through a crisis and reduced A+E

attendance”

*Figure 7: Comments made by GP’s*

## Other providers

Responses were received from the NE Hants Community Mental Health Team (CMHRS), Talk Plus (IAPT) and one voluntary sector provider, The Community Access Project (CAP).

**Awareness and information** about the Oasis was complete, all staff were aware and recommended Oasis as part of the assessment process and crisis avoidance plans.

**The Safe Haven** continues to be recommended as well to offer the patient choice. IAPT recommended The Safe Haven for more serious crises, the CMHRS recommended either service depending on where the patient lived.

**Feedback** was limited and reported as mainly positive or mixed.

**Conclusions and comments** were positive, and all three services supported the Oasis to continue.

TalkPlus - “We would whole-heartedly support the continuation of this valuable service because of location as well as benefit for our patients.”

CMHRS – “It’s in the evenings and people like somewhere to go in the evening**”**

CAP – “It is good to be able to inform clients of a local service in Farnborough that is available to attend in the evening.”

### Farnborough based Peer- Led Support groups.

Responses were received from two groups, Service User Group (SUGS) and Branches.

**Awareness** of the Oasis was good.

One service felt that very few of their members sought “out of hours” help and could contact them via phone if needed when they recommended the Samaritans or the Safe Haven, so information about the Oasis was not given to their members. However, they did report that two members had attended the Oasis and had given negative feedback.

**Comments** from this group about the Oasis -

“Very few of our Members feel the need to access an out-of-hours crisis / safe haven type service. Instead… we focus on helping our Members develop the tools to prevent or manage crises for themselves”

The other group reported that most of their members attended the Oasis and informationwas shared in group discussions, and feedbackwas mixed. The Safe Havenwas recommended for those who needed more help, but with the proviso that accessibility is a problem. The Oasis was recommended for those who were lonely and needed a safe and social place to go.

**Comments** from this group about the Oasis

“Certainly not as a crisis resolution centre…. If loneliness was the main issue then they might enjoy the games etc. that are available”

“This all depends on the Oasis' remit. If they are there to help ameliorate the effect of long-term loneliness on the mental health and suicide statistics, they function ok.”

### Summary

The Oasis is strongly supported by GPs and IAPT with positive comments of benefit from GP patients. It is also supported by the NE Hants CMHRS.

The comments from the 2 local groups are more negative, which is disappointing and has been raised with Just Wellbeing. Just Wellbeing understands the need for choice as no service will meet the needs of all. Negative comments are important as they provide an opportunity to evolve and develop.

It is of note that several members of these groups attend the Oasis and are showing evidence of improvement.

# Audit of the impact of Oasis attendance on use of NHS services.

## Audit Process

A random selection of Oasis attendees were asked to give consent for Dr Fairbairn to look at their GP records and record use of health care anonymously 120 days before and 120 days after they attended Oasis.

Unfortunately, we were only able to gain consent from 23 users of Oasis, which was a smaller number than we wanted. Nevertheless, we considered it worthwhile to continue with the audit as information from GP records is always useful. However, the results need to be viewed in the light of the small numbers involved.

The 23 patients came from all 7 practices in Farnborough and included 3 patients from Aldershot and 1 from Blackwater.

Information was gathered on:

**GP encounters for mental health and physical health problems.**

All encounters were recorded including telephone consultations and nurse appointments. Mental health and physical health encounters were recorded separately, and if one appointment contained elements of both, each was recorded. Health screening, prevention and routine chronic disease management appointments were not included. If a triage telephone call led to an appointment this was recorded as one encounter.

**A+E attendances for mental health issues.**

**111 or 999 uses.**

If a call to 111 resulted in an ambulance conveying the patient to hospital this was recorded as an A+E attendance only. If the encounter ended with 111 advice only, this was recorded as a 111 encounter.

**Referrals to IAPT TalkPlus and secondary mental health services Surrey and Borders Partnership NHS Foundation Trust (SABP)**

This included any referral that led to an encounter with the service, including telephone assessments. This did not include follow up appointments, unattended or cancelled appointments or referrals that were not assessed by the service.

**In patient days**

This included any admission required for a mental health problem, either in an adult MH in-patient ward or an A+E admission

**GP “out of hours” services**

There was no recorded use of this service for any of the patients

**Others**

There was a single use of HCC Social care referral and an ICT referral which were not used for the audit

## Results

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Encounter type** | **Before Oasis** | **After Oasis** | **Comments** | **Percentage change** |
| **GP Mental health** | 67 | 62 |  | -7.5% |
| **GP Physical health** | 29 | 41 | 2 patients increased appointments by 13 extra appointments post-Oasis | +41.4% |
| **111** | 2 | 1 |  | -50% |
| **A+E attendances** | 24 | 10 |  | -58.3% |
| **IP bed days**  **A+E bed days** | 16  1 | 2  2 | 1 MH admission of 15 days pre-Oasis.  1 admission pre-Oasis/ 1 admission post-Oasis | -87.5%  +50% |
| **IAPT referral** | 4 | 4 |  | 0 |
| **SABP referral** | 8 | 3 | 2 patients referred post-Oasis had worsening psychotic symptoms, and 1 patient was referred for specialist psycho-therapy. | -57% |

*Figure 8: Oasis Audit results 23 patients*

### Primary Care consultations

These showed the least overall impact;

* in terms of numbers of patients there was no impact as 9 patients increased their use of primary care, 9 decreased it and 5 showed no change.
* 2 patients increased attendances for physical health problems markedly after attending the Oasis for no apparent reason.
* It was noted that there when there was an increase in appointments for mental health after the Oasis attendance, there was a sense of increased engagement and GPs reported improvements to symptoms and lifestyle.

Several GPs noted that the patient was attending the Oasis and benefiting from the service.

The GP care of the mental health of these patients was very good, with empathic care, good use of medication and thorough follow-up.

### A+E Attendances

* 5 patients attended A+E before attending the Oasis. Of these
  + 3 did not attend A+E again
  + 1 attended once after attending the Oasis
  + 1 showed a marked decrease in numbers of attendances. *This patient’s attendances dropped from 17 to 9 after attending the Oasis.*

### IP bed use

We would need to look at many more patients to get a proper sense of the impact of the Oasis on bed use.

* 1 patient attended the Oasis after a 15 day stay in Farnham Rd Hospital, and has not been re-admitted.
* The only patient admitted to an A+E bed (following an overdose) after attending the Oasis, was the same patient who had showed an impressive drop in A+E attendances for frequent overdoses. She was admitted for 2 days, and it was not clear why she was admitted on that occasion and not on other occasions.

### IAPT and SABP referrals

This was complicated as referrals to both secondary care services were not clear cut. Some were self-referrals, several were not accepted for an assessment, and some appointments were not attended by the patient. Overall CMHRS referrals decreased.

* 1 patient was referred but cancelled the appointment after attending the Oasis, and 1 was discharged by SABP after attending the Oasis.
* 2 patients being seen by the Oasis needed referral to SABP as psychotic symptoms were worsening.

There was some confusion from GPs and patients on the best way to get the most appropriate help. Some patients were referred to multiple services. It would be helpful to establish the role of the Oasis in the adult mental health pathway in Farnborough.

### Frimley Park A+E attendance and mental health admission data

These figures show a positive effect on mental health related activity in Frimley Park Hospital over the period that the Oasis has been open. The numbers are small and other factors have an influence, but it is not unreasonable to assume that the Oasis has had an effect.

Adults 19-64 years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Frimley A+E Use** | April 16 - Jan17 Farnborough | April 17 -January 18 Farnborough | % decrease Farnborough | % decrease CCG area |
| **A+E Attendances** total 24hrs | 8,322 | 8,154 | 2% | 0% |
| **A+E Attendances** 6pm – 10pm | 1,832 | 1,642 | 10% | 2% |
| **MH Admissions** total 24hrs | 62 | 44 | 29% | 22% |
| **MH Admissions** 6pm – 2am | 24 | 13 | 46% | 18% |

*Figure 9: Comparison of A&E activity before and after the opening of The Oasis*

## Summary

* Patient satisfaction was very high, and patient reported outcomes were very positive. There is no doubt that the Oasis is providing significant benefit to those who attend.
* Attendance rates at the Oasis have remained high and show a healthy mix of new and regular attenders. This suggests that there is an on-going need in Farnborough which continues be met by this service.
* The GP Audit was a small study but nevertheless it showed benefit to the health economy through a decrease in A+E attendances, MH related admissions and SABP referrals. This finding is supported by the Frimley Park A+E data. It may be helpful to undertake a study including a larger number of patients in the future, including exploration of the experience of those patients who only attend on one occasion.
* The GPs strongly support the Oasis and have found it valuable in the management of their patients. The GP Audit showed no impact of the Oasis on primary care. Local GPs manage their patients with mental health needs well, and it will take time for GPs and patients to understand the most effective role for the Oasis in both the primary care and secondary care MH pathway.
* The Peer-led mental health support groups expressed a more negative opinion of the Oasis. This negative feedback is helpful and will be explored with Just Wellbeing and the groups involved.

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*Oasis is a service provided by Salus Medical Services on behalf of NHS North East Hampshire and Farnham Clinical Commissioning Group.*