

Improving the Experience of the Psychology Referral Pathway for Service Users & Team

Members in the North Bedford CMHT

Dr Sarah Chadwick (Project Lead), Dr Nick Hawkes (QI Coach), Dr Helen Donovan (Sponsor), Dr Owen Richardson (Counselling Psychologist), Susie Denley (Assistant Psychologist) & Rachel Brown (Trainee Clinical Psychologist)



Main achievement of this project: obtaining ideas from CMHT staff about how they would like the new psychology consultation slot to look so as to design it in the most helpful way; then 3 months later carrying out a focus group to obtain detailed feedback on how they have found using the consultation slot.

QI Project and QI SRRP Aim

Project aim: To increase the number of client case enquiries to psychology by 50% in 9 months.

SRP aim: To assess the team's experience of using the new psychology consultation slot.

Why this is important: High levels of referral rate in the CMHT with insufficient resource (capacity) to respond to the level of demand.

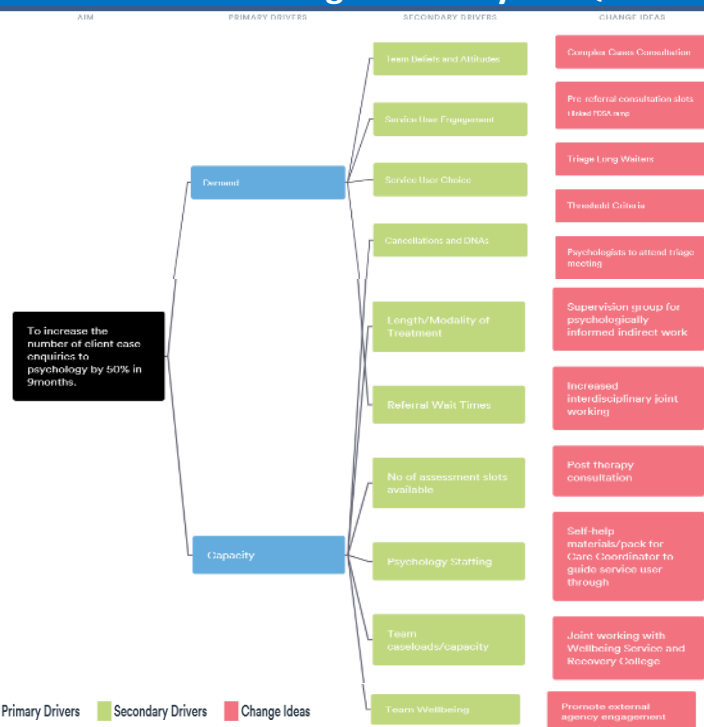
Why is this important to Service Users and Carers?

This projects constitutes a little 'i' project; a Service User & Carer were consulted regarding the focus group; feedback and additional questions which were suggested were incorporated into the interview schedule.

QI SRRP Methodology

In order to assess the impact of the change idea (introduction of consultation slots), qualitative methodology has been used – data has been gathered via a questionnaire and a focus group.

Driver Diagram with your QI SRRP



Data (Quantitative/Qualitative)

Examples of questions from the focus group interview schedule are as follows:

What were your experiences of psychological consultation?

What did you find worked well / not so well?

Was there anything you found helpful/unhelpful?

Do you believe the consultation had any impact on your work with the service user discussed?

Do you believe the consultation had any impact on your work with the service user discussed?

The next stage of the project is to analyse the qualitative data gathered from both the questionnaire and the focus group using thematic analysis.

Learning and Recommendations

Staff reported at the focus group that they have found the consultation slots extremely helpful, and they would like to see these continue to be offered. A suggestion was made that shorter slots could be also offered for less complex discussions. Consultation slots have been reported to be useful despite the waiting list for psychology currently being closed. When the waiting list reopens, the consultation slots are likely to continue to be useful in ensuring the appropriateness of referrals; consequently reducing the waiting list.