

# **CAPACITY MANAGEMENT** IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

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#### Background

We are a psychological service in Newham for users with severe, complex and enduring mental health difficulties, including co-morbid depression with anxiety, psychosis and personality disorders.

We focus on providing assessments and a range of therapies based on evidence-base practice, effectiveness and choice. We also offer training & consultation.

Our team became aware of several challenges with the way our service was being delivered:

- Long wait times for assessment and access to treatment
- Periodic closure to referrals
- Increasing demand for psychological therapies
- Suspected systems inefficiencies following repeated service redesigns
- Unknown service capacity

# Concept

**Right services at the right time with right outcomes at the right place** 

Timely access for therapeutic interventions Increase service user satisfaction and meet expectations Positively impact on quality of life through enhanced wellbeing and reduced mental health crises Reduce system inefficiencies whilst improving health of patient population despite finite resources

Develop competitive & fit for purpose clinical systems to meet commissioning requirements

# **Project aims**

Reduce time between referral acceptance and assessment by 25% by April 2015

Reduce time between assessment and commencement of treatment to 30 weeks by April 2015

# **Driver** Diagrams

#### What Our Patients are Telling Us (User Satisfaction Survey, 2014)

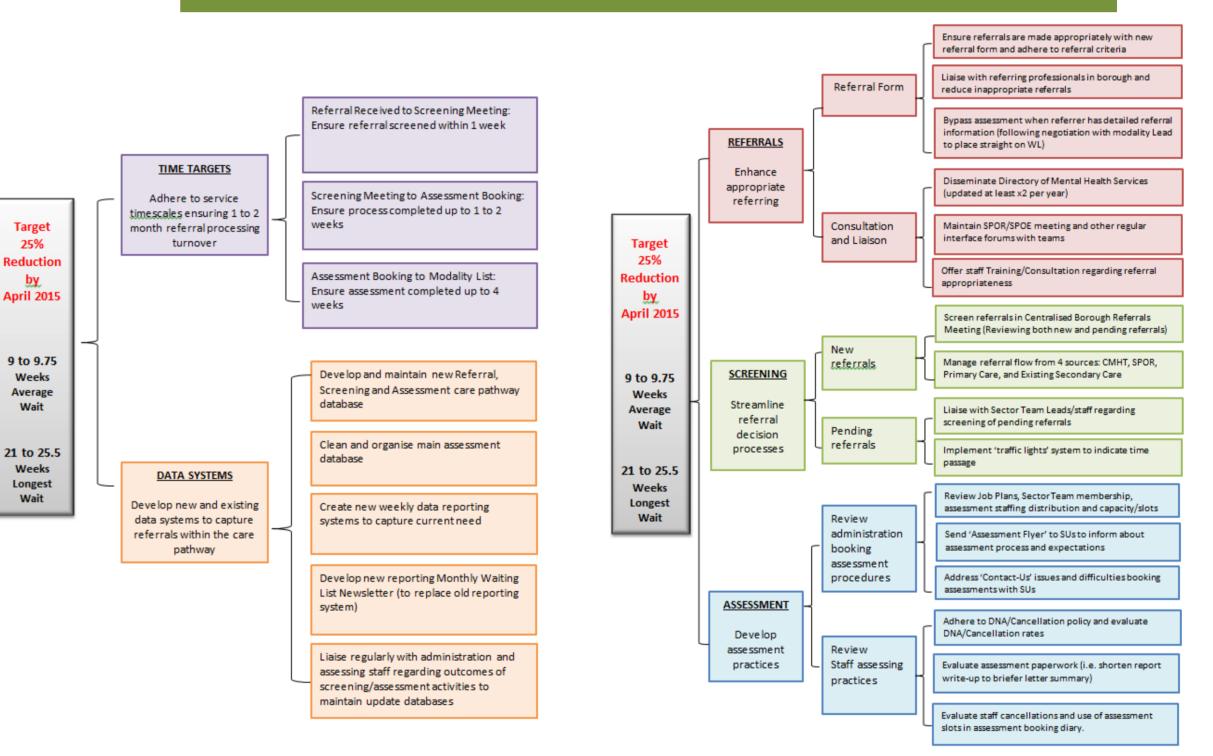
92% of respondents are satisfied with the service they receive so far with none dissatisfied

'This therapy was a real eye-opener as it has given me the opportunity to explore my thoughts and feelings as well as others in a safe environment'. 'I really feel lucky. This is an exemplary service.'

Waiting times is the area of least satisfaction with 74% satisfied, 15% neutral and 11% dissatisfied

'Took a very long time to access the service'. 'There was a long wait but that was explained to me when I was referred'. 'I wasn't sure how long I would be waiting until I received an appointment and thought some contact in between might have helped'.

Plan, Do, Study, Act



Cycle 5: Take Stock (April 15)

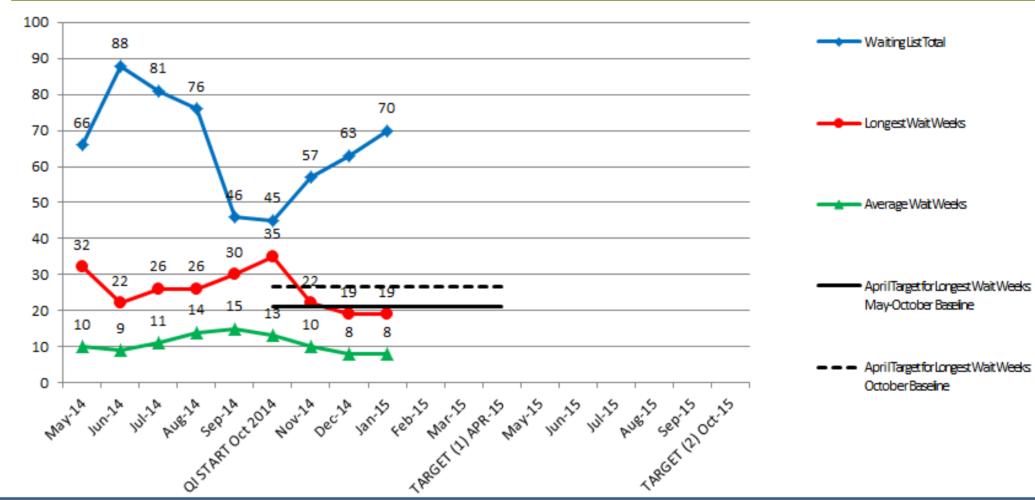
Cycle 4: Assessment 'Blitz' (February 15)

# Cycle 3:

CAP & Referral Form

Weekly Monitoring & Communication Increasing Therapy capacity Setting up weekly project group meetings, Introducing

# Total Number of Patients Waiting for Assessment (monthly)



# Cycle 1:

(1) Review of Demand & Capacity (2) Engagement with the senior management, staff and users to set out tasks & action points

# **Our Progress So Far**

- Access Targets For First Consultation following Referrals are achieved
- Significant reduction in the inappropriate referrals

Cycle 2:

- Better engagement with the referrers
- We are on target for our access targets for therapies
- We are not running any wait times for our Systemic & Family work
- Our Group Program remains open
- Plans are underway for User Consultation Forum



# **Our Learning**

- Informatics & clean data absolutely important
- Managing competing demands, maximizing clinical capacity and pressures of feeding data with poor informatics are some of the challenges
- Engaging referrers & stakeholders, incremental learning, holding a complexity lens
- Holding clinical vigour in the context of reduced resources requires creative, reflective and generative thinking as well as attention to staff development & learning from both above & below.
- Facilitate reflective spaces to reduce barriers to change
- Watch out for under the surface dynamics: cynicism, competition, performance anxiety to name the few
- Develop teams & support structure to counter balance moments of despair & anxiety
- Asking as well offering what can do to improve users' experience