East London NHS Foundation Trust

Improving Care Co-Ordinator Caseload in Community Mental Health Team South West, Newham

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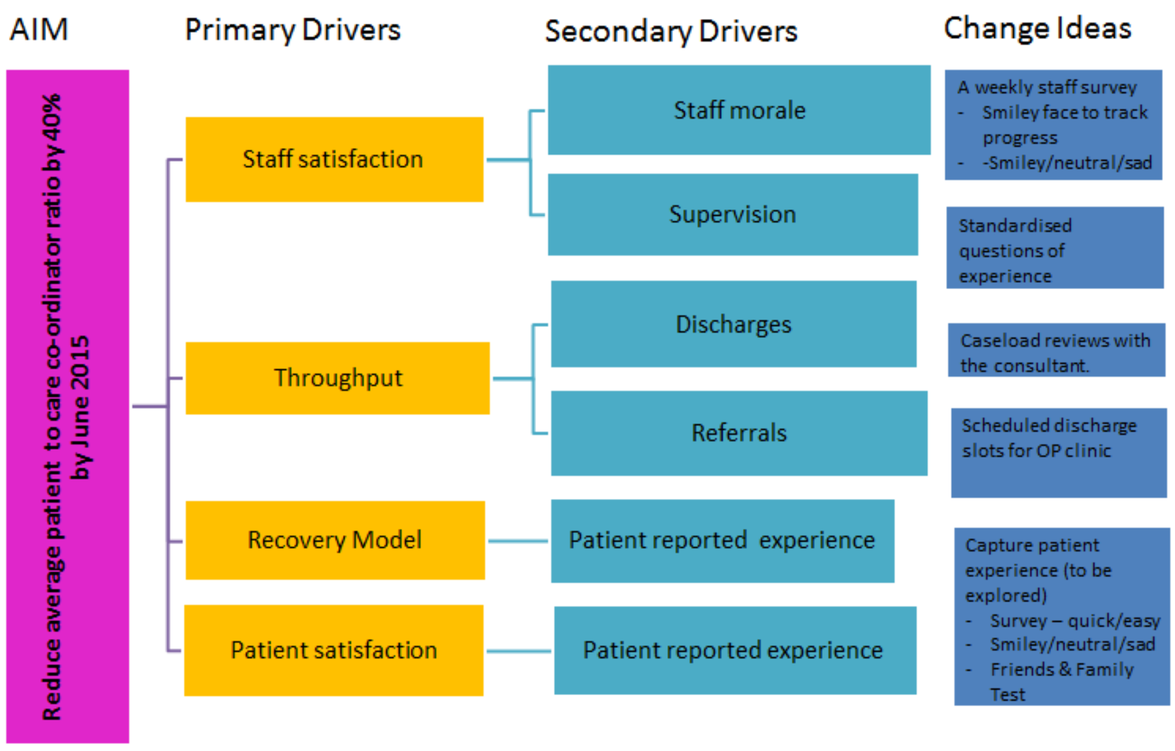
Background

Community Mental Health Team South West (CMHT SW) provides outpatient psychiatry services within one of London's most deprived areas. The culturally diverse local population suffers a disproportionate burden of physical and mental illness, with a higher than average population turnover rate compared to other parts of London.

When care co-ordinators have high caseload numbers, the amount of time that is available to support individual patients is reduced. In order to ensure consistent delivery of high quality care, therefore, it is crucial for the team to continuously review how the care that we provide is aligned with the evolving needs of our patients. Prior to this quality improvement initiative, no systematic approach to managing caseloads was in place, resulting in high care co-ordinated patient to care co-ordinator ratios that caused concern patients and staff alike.

Figure 1: Driver Diagram



Challenges

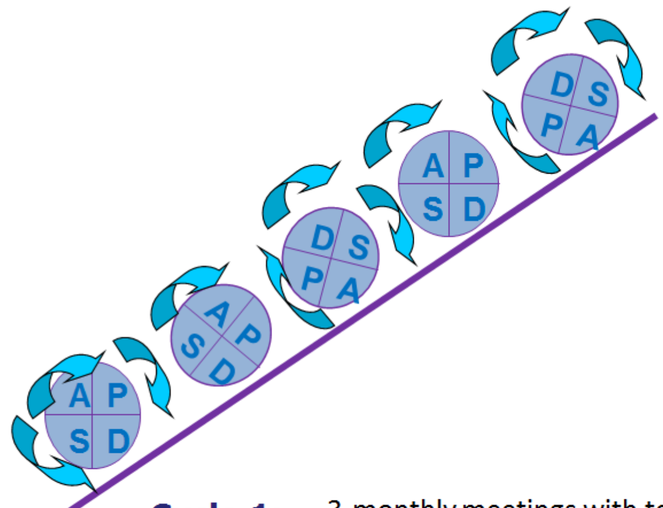
The team has 5 care co-ordinators, only 3 of whom are permanent staff. A requirement that cases be divided such that social workers (employees of the London Borough of Newham) are allocated only patients with primarily social needs limits the distribution of patients whose needs are primarily clinical, amongst the wider team.

Concept

Staff identified caseload numbers as a priority area for improvement work in our team, and we hope that this work will increase performance across the service, and in particular, positively influence:

- patient satisfaction
- staff satisfaction
- adherence to the recovery model

Figure 2: Plan, Do, Study, Act



Cycle 1:

3-monthly meetings with team consultant to review caseload
- Caseload per care co-ordinator being monitored
- Staff satisfaction being monitored
- Patient Reported Experience Measure to be considered

Change Ideas

The first change idea that is being tested in this system is to establish a one-hour long meeting between consultant and care co-ordinator to review the current caseload.

Next Steps

We would like to obtain service user feedback to determine if this project has resulted in improved patient satisfaction with our service for patients who remain care co-ordinated in secondary care. We wonder if they will have noticed a difference – and when such a change in quality of service might have taken place.

Figure 3: Force Field Analysis

Driving Forces	Restraining
Staff motivation increasing with improved job satisfaction	Staff apathy
Important to whole team	Poor access to data
Staff empowerment leading to improved morale	Time constraints
	Difficult to engage patients with project work

QUALITY IMPROVEMENT PROGRAMME