

Newham Child and Family Consultation Service (CFCS) **'Front Door' Project**

Dr Priti Patel, Consultant Psychiatrist, Project Lead & Sponsor Dr Brigitte Wilkinson, Consultant Clinical Psychologist, Lead Clinician Jessica Parson, Assistant Clinical Psychologist Dr Freya Gill, Clinical Psychologist

Frances St John, Family Therapist Dr Deborah Kemp, Counselling Psychologist **Dr Tomasz Fortuna, Specialty Doctor Dr Genevieve Holt, QI Clinical Fellow**

Background

Newham CFCS is a multi-disciplinary specialist mental health service for children and young people with complex, severe or persistent emotional, behavioural or developmental problems.

We accept new referrals from birth to 18th birthday.; services include:

- Emergency assessment of children and adolescents experiencing a severe mental health episode
- A rapid response service to the paediatric ward at Newham University Hospital to assess young people who have self harmed

Concept

Improve decisions regarding whether referred young people require input from CFCS or not and to respond and signpost to alternative services in a more timely way.

Reduce waiting times for assessment at CFCS from 11 weeks to 9 weeks by April 2015.

Improve patient experience of referral process by offering a more responsive service.

- Multi-disciplinary assessment of all new referrals
- Specialist multi-disciplinary clinics for adolescents, early childhood, learning disabilities/autism spectrum disorder, children with severe conduct disorder, ADHD sufferers
- Therapies, counselling, medication



Figure 2: Triage Outcome Decision Test (based on 51 completed cases)





What have we done so far? (October 2014 – March 2015)

- Collected data & protocols on current referral process
- Visiting other services who use triage to learn from their experience
- Gathered tried & tested Self-help materials and organised into an accessible library
- Gathered information about alternative services in the community/online and built a user-friendly database to aid signposting.
- Created a standardised telephone triage script & risk screening tool.



Allocate

Close (no contact)

Signpost only

- Signpost and Self-help
- Self-Help only

43% of cases in the triage pilot did not meet the CAMHS specialist criteria and were successfully signposted elsewhere/ given self-help.

51% of cases met our criteria and were allocated to one of our specialist teams. We were unable to make any contact with 6% of cases.



Creation of a tracking spreadsheet to support to project and collect data.

What next?

Triage could be established as initial assessment Consider spread beyond initial test cohort if gains sustained Use of capacity calculator to revise job plans Creating a 'Drop in' service to facilitate self-referral Collaborating with young people to do a 'secret shopper' project of alternative services in the community. Evaluation of triage process – follow up calls to families.