East London NHS Foundation Trust

Improving access to psychology and decreasing the DNA rate at psychology appointments in City and Hackney Assertive Outreach Team and the Community Rehab and Recovery Team.

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Aim

Decrease the DNA rate at scheduled psychology appointments to below 20%
Increase the number of people attending to see a psychologist in the community by 3 per week
To be achieved by end of August 2015

Project Background

In line with the Department of Health's strategy "No Health Without Mental Health" it is important to increase access to psychological therapies. Currently the clinical psychology provision within the Assertive Outreach Service (AOS) and the Community Rehab and Recovery Team (CRRT) is only 0.25wte each. The CRRT benefits from 1.0wte of a Psychosocial Intervention worker. With such a restricted psychology resource within the teams it is important to make psychology provision as efficient as possible. Whilst many psychology services manage DNA rates by discharging those who do not regularly attend, it is acknowledged that service users with the AOS and CRRT have complex needs and difficulties with engaging with services. Therefore in order to provide accessible psychological input solutions other than a strict discharge policy need to be explored.

The driver diagram (figure 1) illustrates a number of factors that we aimed to influence. Initially we held a stall at the AOS and CRRT summer BBQ to increase awareness of psychology amongst service users, carers, and staff. Anxiety management taster sessions were held and were well attended. We also promoted a new psychology drop-in service. The drop-in enables service users to attend for short individual appointments without needing to make an appointment. Service users can attend to find out more information, they can access psychology at short notice (there is no waiting list) or they can use this service if they are unable to regularly attend fixed appointments. Service users who DNA fixed appointments multiple times are redirected to the drop-in service, thus freeing up these appointment for regular attenders.

Figure 1: Driver Diagram representing strategy to improve access and reduce DNA rates

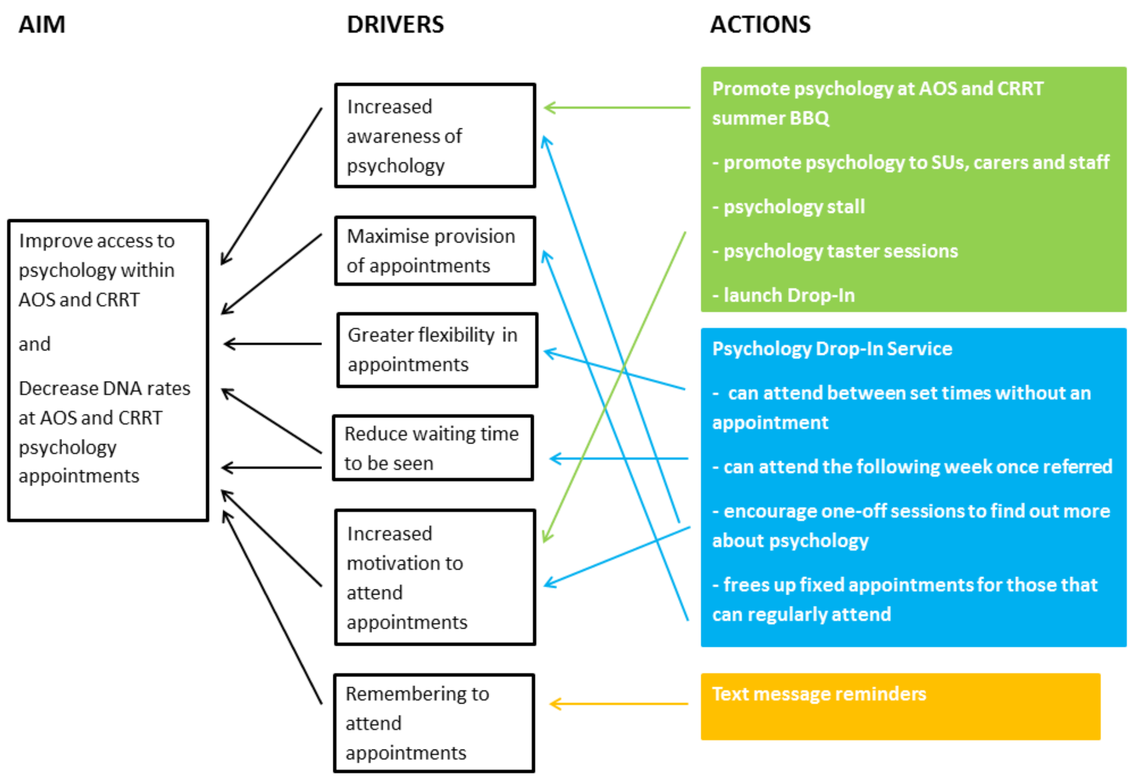
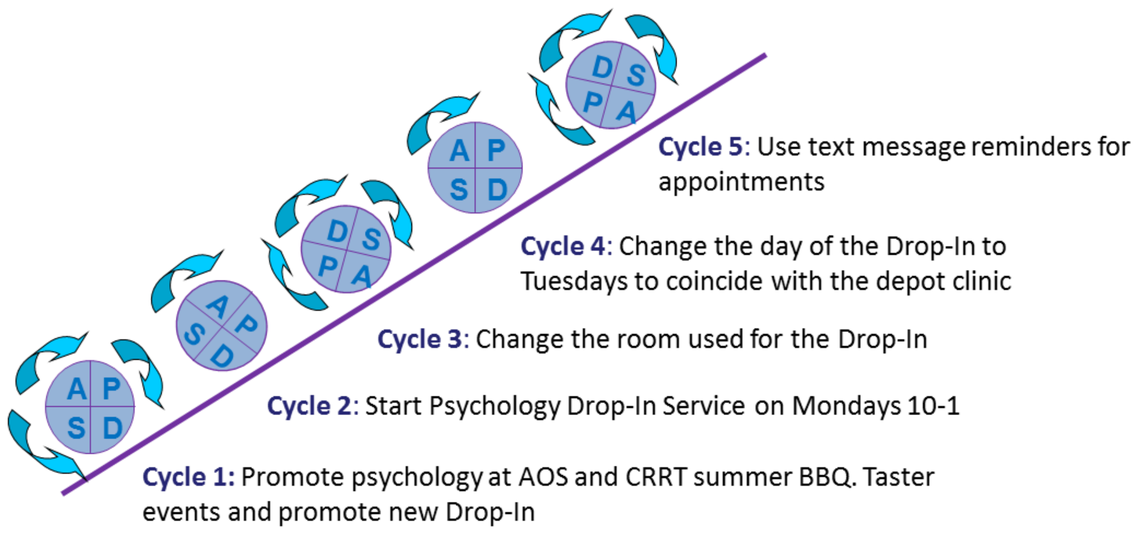


Figure 2: PDSA cycles of testing



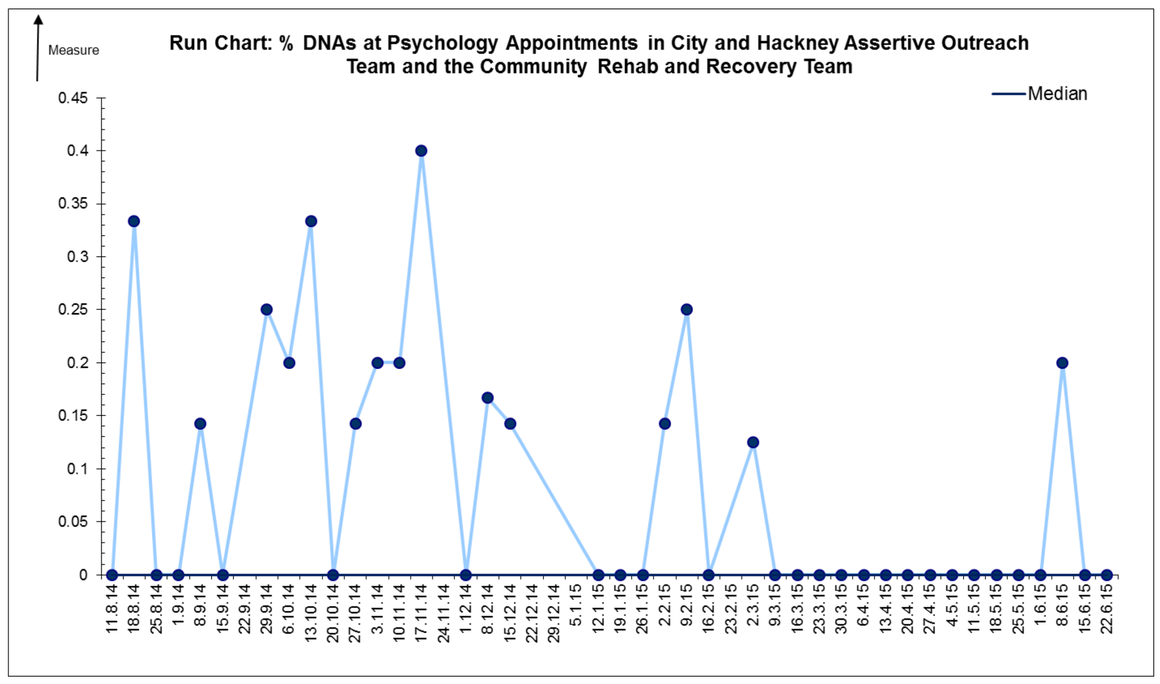
QUALITY IMPROVEMENT PROGRAMME

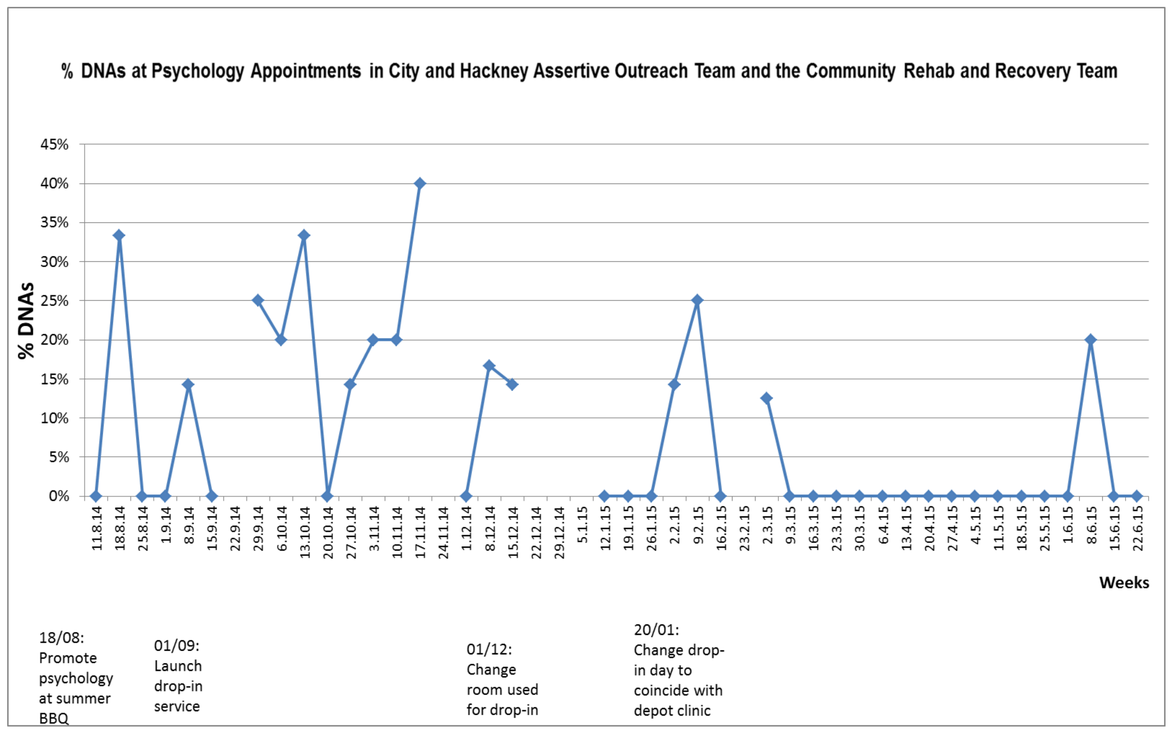
Measures

Outcome measures: number of attendees at the drop-in; number of SUs attending the drop-in who otherwise would be unlikely to be seen by psychology; total number of attendees at psychology appointments (drop-in or fixed); DNA rate at fixed appointments; service-user satisfaction with drop-in.

Process measures: number of people referred to psychology drop-in; whether service-user feedback is gained from each drop-in session.

Balance measures: no impact on ward psychology waiting list (time on the inpatient ward was reduced)





Results

- Number of attendees at the drop-in is, not surprisingly, variable but appears to be slowly increasing (see figure 3). There have been a number of attendees who it is believed would otherwise have been unlikely to attend a psychology appointment, especially since the drop-in day has been changed to coincide with the AOS depot clinic.
- Due to changing priorities within the clinical psychology role, the total number of psychology appointments offered has had to vary. Therefore the total number of attendees at all appointments (drop-in or fixed) is no longer a meaningful outcome measure. However, importantly, the DNA rate at fixed appointments has significantly reduced as can be seen from the data shift in figure 4.
- Service user feedback from the drop-in has so far been very positive.

Learning

There are logistical challenges with running the drop-in (e.g. managing a queuing system, managing risk) and a number of adaptations (e.g. room change) have been made. In order for the drop-in to work, a team approach is needed so that service users are referred and encouraged to attend.
So far the AOS service users have utilised the drop-in more than CRRT service users.

Next Steps

The next step is to utilise text message reminders, both for those attending fixed appointments and those who have been encouraged to attend the drop-in service.
The lower frequency of attendance at the drop-in by CRRT service users needs to be further explored.

References: Department of Health (2011) *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages.* COL