**IMPROVING ACCESS TO THEIS**

Rebekah Rawding, Cara Kingston & Costanza Vecchio

---

**Aim**

We will complete assessment, allocate a Care Coordinator and initiate NICE concordant treatment for 95% of patients referred with first episode psychosis within 14 days of referral receipt by April 2016.

---

**What are we testing?**

1. Review and allocate for assessment on daily basis and make contact with patient by phone if possible on day of referral.
2. For psychologists to be part of the assessment.
3. To view daily DSN report to pick up referrals from the wards.
4. To allocate specific clinic slots each day so team doctors can be part of first assessment.
5. Brief risk assessment & care plan with full CPA completed within 3 months.

---

**Outcome measures**

**Measures**

- Time between referral received and first face to face contact made
- Time between referral and care coordinator allocated
- Patient satisfaction

**Why did you choose those measures?**

These are the timeframe measurements required for new standards.

We are always keen to improve patient experience.

---

**Learning**

1. We have been able to take a much more responsive approach to referrals and get more people seen quickly.
2. Importance of working with informatics to make sure RiO captures the correct data.
3. Effective communication within and outside the team is essential to us meeting our aim.
4. Psychology input has supported a more holistic approach.

---

**Driver diagram**

We will complete assessment and initiate treatment for 50% of patients referred with first episode psychosis within 14 days of referral receipt by April 2016.

---

**Why is this important to service users and carers?**

It is well evidenced that long duration of untreated psychosis has a negative impact on prognosis and quality of life. It is essential to engage patients and carers as early as possible in the process of their recovery and provide evidence based interventions to promote their recovery. The CCG have invested in additional resources for THEIS to meet a waiting time from referral to the commencement of treatment (RTT) to 2 weeks for 95% of patients.

---

**Learning**

1. We have been able to take a much more responsive approach to referrals and get more people seen quickly.
2. Importance of working with informatics to make sure RiO captures the correct data.
3. Effective communication within and outside the team is essential to us meeting our aim.
4. Psychology input has supported a more holistic approach.

---

**Outcome measures**

**Measures**

- Time between referral received and first face to face contact made
- Time between referral and care coordinator allocated
- Patient satisfaction

**Why did you choose those measures?**

These are the timeframe measurements required for new standards.

We are always keen to improve patient experience.