



# Internal Referrals for Psychological Services – Process & Conceptualisation

Navi Nagra, Trainee Clinical Psychologist

Supervised by Dr. Angela Husband  
Assessment & Brief Treatment Team  
Newham

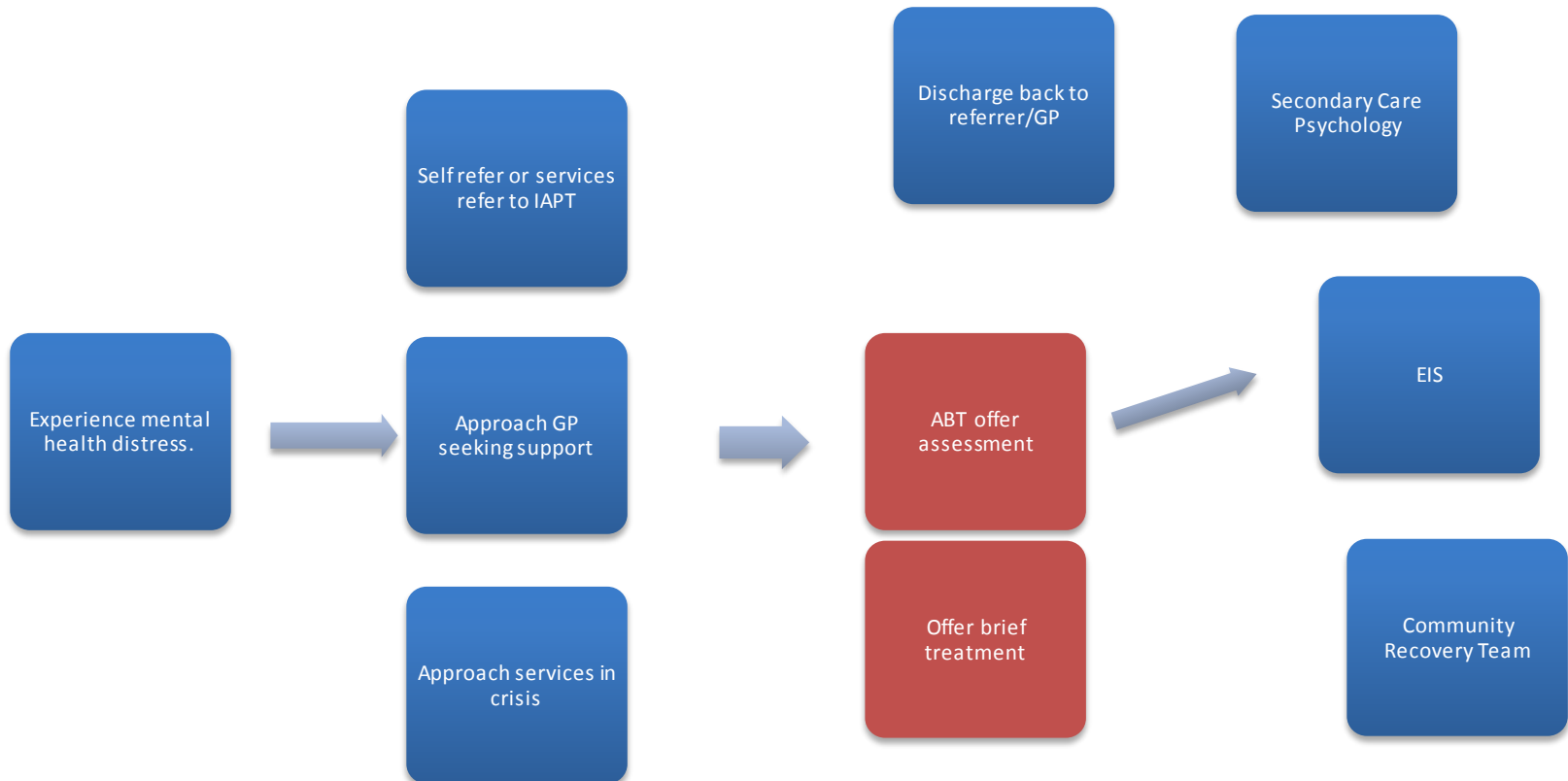
[Navneet.nagra@elft.nhs.uk](mailto:Navneet.nagra@elft.nhs.uk)

# Background - ABT

## **Assessment & Brief Treatment Team**

- Single point of entry to services
- Referrals - GPs, primary care services, inpatient units or liaison psychiatry at local general hospitals.
- maximum time an individual is held on caseload is six months
- MDT – Doctors, nurses and psychologists
- Relatively new service and continuously changing
- Fast paced environment

# Typical Service User Journey



# Psychology within and around ABT

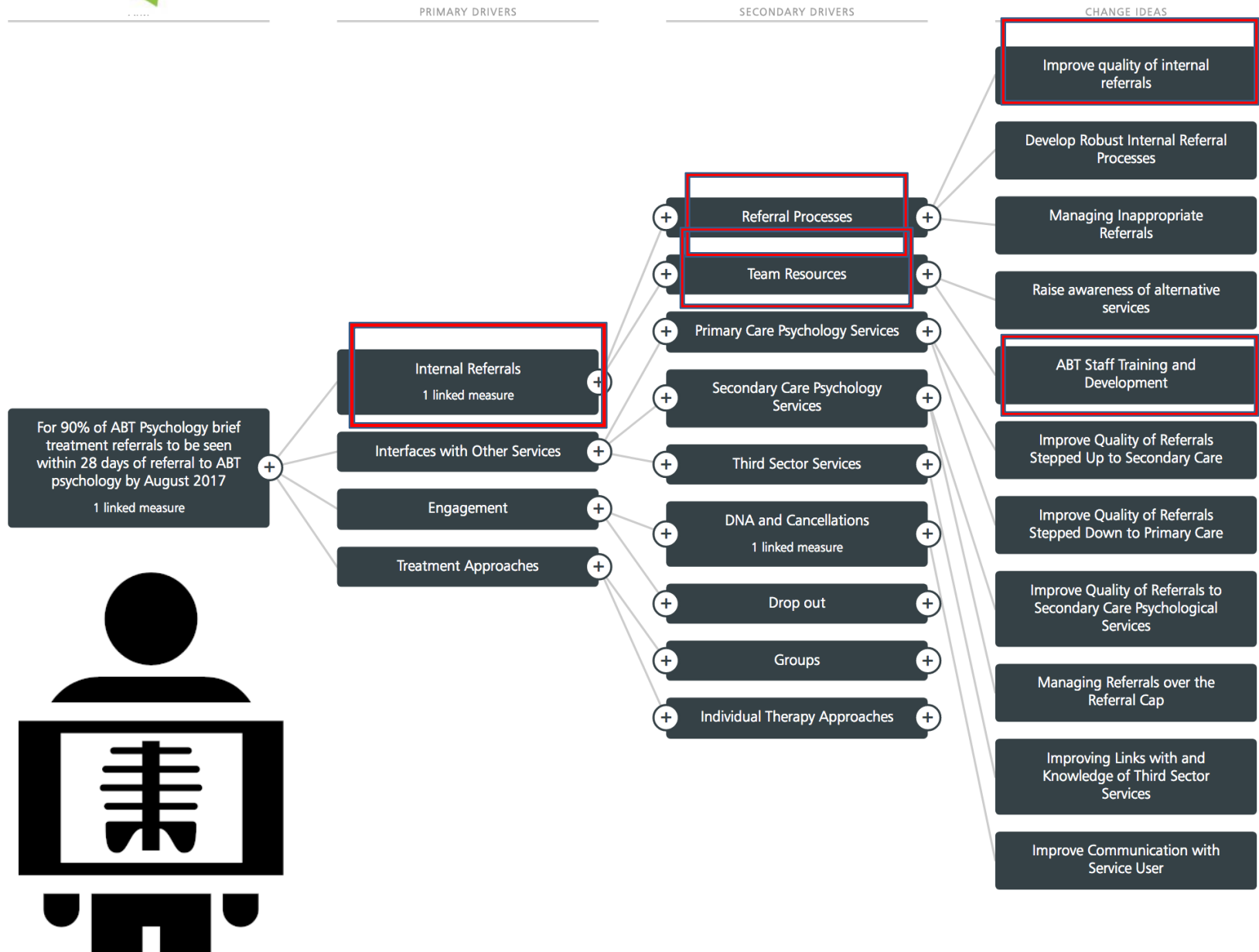
- Currently one clinical psychologist and one trainee clinical psychologist in ABT with plans to expand
- Offer :
  - Assessment
  - individual sessions (typically 6 sessions)
  - ABT workshops
  - Group
  - Neuropsychology
  - Team formulation
  - Teaching
  - Reflective practice
  - Consultation
- ABT can then refer onto Secondary care psychology or step down to primary care

# Role for QI & SRRP

**“ABT Psychology Brief Treatment cases to be seen within 28 days of referral”**

- Recommendations to offer non-pharmaceutical interventions as well as pharmaceutical
- Change while waiting for therapy associated effects on outcome (Beck et al, 2015)
- Multifaceted problem as seen in driver diagram
- **SRRP Research Q:**  
**“What is the multidisciplinary team’s understanding and experience of psychological services and related referral processes”**

# QI Driver Diagram



# PDSA Cycles

## Change idea: Staff training and development

- **Plan:** To raise the scope of ABT psychology brief treatment in the ABT team meeting.
- **Do:** Discussed scope of ABT Psychology referrals and had team discussion about this
- **Study:** Identified a need for regular discussion about referrals to aid understanding of appropriate referrals
- **Action:** To make ABT psychology staff more accessible to nursing team

## Change idea: Staff training and development

- **Plan:** Develop existing space for more regular team teaching and development.
- **Do:** design posters advertising next teaching and encourage staff participation and attendance
- **Study:** Attendance level and feedback
- **Action:** To make fortnightly teaching slots to be regular part of practice



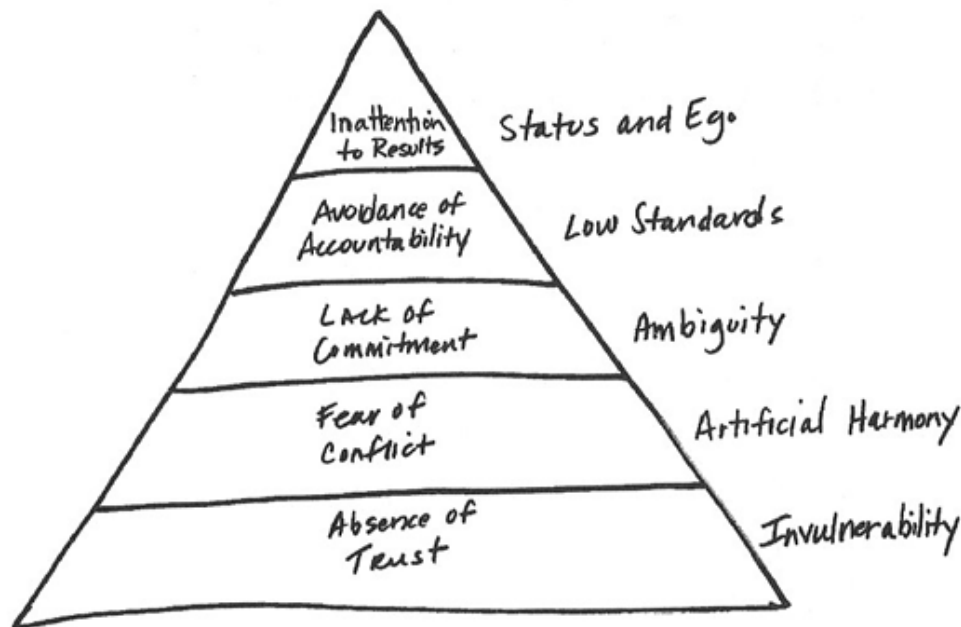
# QI Project Methodology

- Mixed methods questionnaire provided to colleagues within ABT
- Analysis to include quantitative (scales) and qualitative elements(inductive thematic analysis)
- Develop a secure baseline for future QI PDSA's e.g. robust flow chart referral system and impact on MDT's understanding
- Main areas covered – current understanding of role of psychology/related services, evaluate colleagues experiences of referring to ABT Psychology e.g. process, decision making, discussion etc., feedback on reflective practice and teaching slot

# QI Timeline

- Week 1: Literature review
- Week 2: Literature review, research question finalised with team planning
- Week 3: Begin designing questionnaire with management feedback and amendments
- ➔ Week 4 : QI Conference and continue amendments
- Week 6-8: Implement questionnaire and collate data as collected
- Week 9-10: Analyse data and feedback to team

# QI & bottom up ethos



Lencioni, 2002

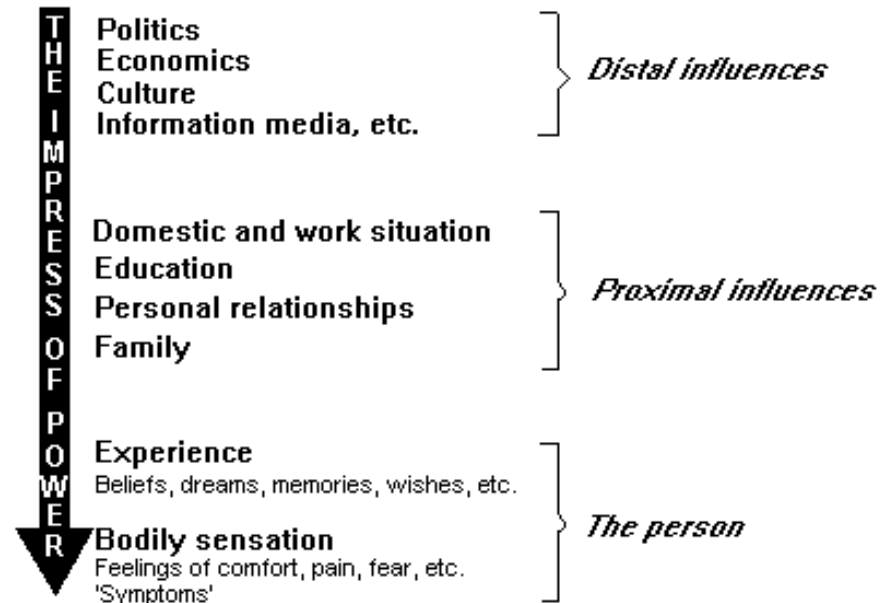


Fig 1. The impress of power

Smail, 2005

# Reflections so far...

- Literature review revealed limited research into conceptualisation by others but more so on integration and self defined role
- Continual organisational change impacts priorities
- Communication fundamental factor to process and conceptualisation
- Difference between top-down decisions and bottom-up (previous slide)

Thank you for listening

Any questions?

# Improving access to the NCfMH carers' support group

Jennifer Nicholas

Supervisor and QI project leads: Dr Gavin Taylor & Dr  
Erasmus Tacconelli

Newham Centre for Mental Health – Acute wards

# Background

“Carers are **invaluable** to ELFT. They are often our early waning system, crisis support and **play a vital role** in supporting loved ones through some very difficult times.”

**Marie Gabriel, Trust Chair**

**Carer Strategy for East London NHS Foundation Trust 2017-2019**

# Background

Newham Centre for Mental Health

## CARERS' SUPPORT GROUP



**Second Tuesday of every month**

**6:00-7:30pm**

*Go to main reception on arrival*

**Ask staff for more information**

## CARERS' HANDBOOK

**By carers for carers**



**NEWHAM ADULT MENTAL HEALTH  
SERVICES**



# Background

## What was the 'problem'?

“The carers’ group at NCfMH has been running for just over  
**3 years.**”

An average of **2 carers** attend the group each month.

According to estimates of carers coming into NCfMH,  
**only 4-9% access the group.\***

We are hoping to increase this number through the QI project.”

# Background

## Overall QI Project aim:

To increase attendance  
at the monthly carers'  
group to at least 5  
people per month over  
the course of the next 9  
months (up to  
November 2017).



# QI Driver Diagram

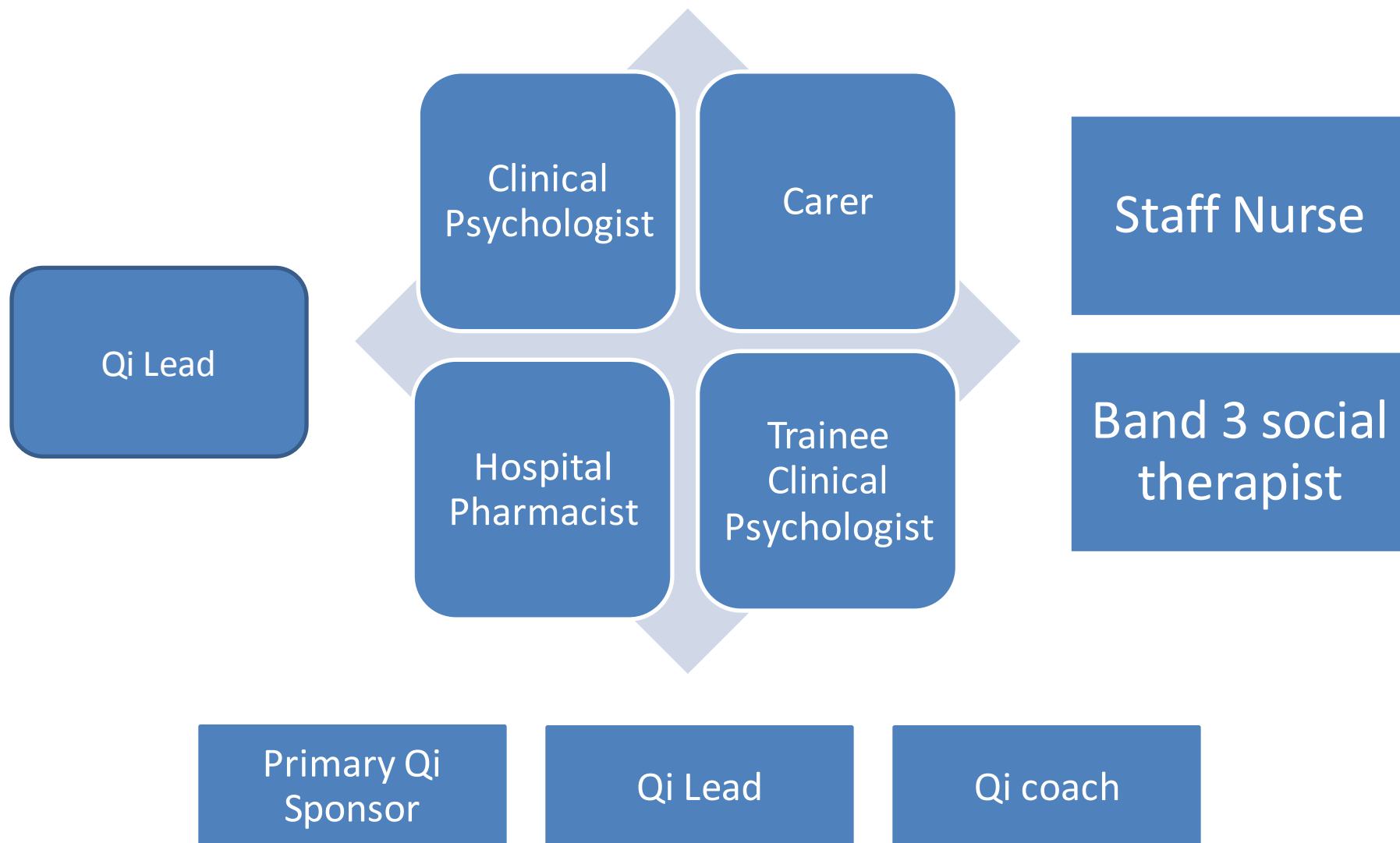


Thematic analysis of interviews with staff about carers support

- Frontline staff have the most contact with service users and their carers on the ward
- What are **their views** on carer support and how access to the group can be improved?

# QI Project Methodology

## Our Team



# QI Project Methodology

## PDSA Cycle

**Plan:** Create interview topic guide

**Do:** Conduct semi-structured interviews with ward staff on Carer Support

**Study:** Thematic analysis of staff interviews

**Act:** Use the outcome of these findings to inform QI measurements and prioritise certain change ideas

# QI Project Methodology

## PDSA Cycle

### Interview Guide

## Plan: Create interview topic guide

- Introduction
- Staff's definition of carers
- Staff's role with carers
- Perceptions of purpose and referral process to carers' group
- Staff ideas

Thank you for meeting with me today. My name is Jenn Nicholas and I am currently a Trainee Clinical Psychologist based on Sapphire Ward. As part of my placement I am carrying out a small scale project about staff views on carer's support. This will also contribute to a QI project focussed on increasing attendance of the Carers Support Group at NCfMH. There are no wrong or right answers – we hope to gain direct insight from ward-based staff on their understanding and experience of carers. The interview should take approximately 15 - 20 minutes.

1. Different people have different definitions of what a Carer is. What does a Carer within mental health services mean to you?
2. Could you talk me through the typical types of contact/communication you might have with carers on the ward during a service user's admission?
3. What is your understanding of the NCfMH Carers' Group?
  - a. What is the purpose of the group
  - b. Do you know when it runs?
  - c. What would you do if someone shows an interest in the group?

The carers' group at NCfMH has been running for just over 3 years. An average of 2 carers attend the group each month. According to estimates of carers coming into NCfMH only 4-9% access the group. We are hoping to increase this number through the QI project.

4. Do you have any ideas for ways that ward staff could help to increase attendance to the Carer's group?
  - a. What support may staff need with this?
  - b. Do you have any specific ideas?

Some change ideas we have are included here (Present appendix 2. Add responses from Q4 if appropriate):

- a. Which top 3 changes do you think would make the most difference?
- b. Why?

We have come to the end of the interview, thank you.

# QI Project Methodology

## PDSA Cycle

**Do:** Conduct semi-structured interviews with ward staff on Carer Support

### Participants

**1 x Band 7 Ward Manager**

**1 x Band 5 Staff Nurse**

**2 x Band 4 Life Skill Recovery**

**Workers**

**1 x Band 3 Support Worker**

### Things to be considered

- Approached ward manager first to gain permission and gain information on best time to approach staff
- Avoid ward round days and when ward is short-staffed
- Better to use a room on the ward as easier for staff to access – however risk of interruptions/staff being pulled out for a task

# QI Project Methodology

**PDSA Cycle: Study:** Thematic analysis of staff interviews

## Emerging possible themes so far:

### Lack of clarity around time of group

**Staff 2** “.. It is on..it’s every week, **or is it every month?**

It used to be on a Tuesday and now it’s on a Wednesday. I’m getting confused“

**Staff 3** “.. Every last Wednesday of the month. **Something like that?**

### Appreciation of Carers’ booklet created by Clinical Psychologist

**Staff 1** “...we’ve got these new carers’ packs and giving those the carers pack, **which actually have been quite well received.**

They’ve been really helpful and it’s got a bit of information on there.”

### Utility of ward rounds

**Staff 1** “We typically on the ward we invite family members and friends, whoever the person identifies as being supportive to them or being involved. **We invite that person to the first ward round.”**

**Staff 2** “...whatever nurse is facilitating the **ward round**, we can always have like a handful of **booklets** with us, that we can give to the families in their and **encourage them to maybe attend.**”



# QI Project Methodology

## PDSA Cycle

**Act:** Use the outcome of these findings to inform QI measurements and prioritise certain change ideas

**Possible outcomes:**



# Reflections

## Opportunities

- Giving staff a chance to share their view and ideas
- Practicing research and Qi methodology
- Contributing to audits of psychology input on wards

## Challenges/ Barriers

- Gaining protected time for staff in order to carry out interviews
- Has made me think about thesis methodology and possible barriers

## Experience of being 'in a QI Project Team'

- Positive, but challenging managing team changes

## What your QI SRRP has contributed to the service and ELFT QI?:

- The benefits of integrating staff views into wider system changes

Any Questions? 😊

Thank You!

# Care Coordinators experiences' of the New Horizons Group

Dr Elizabeth Corker

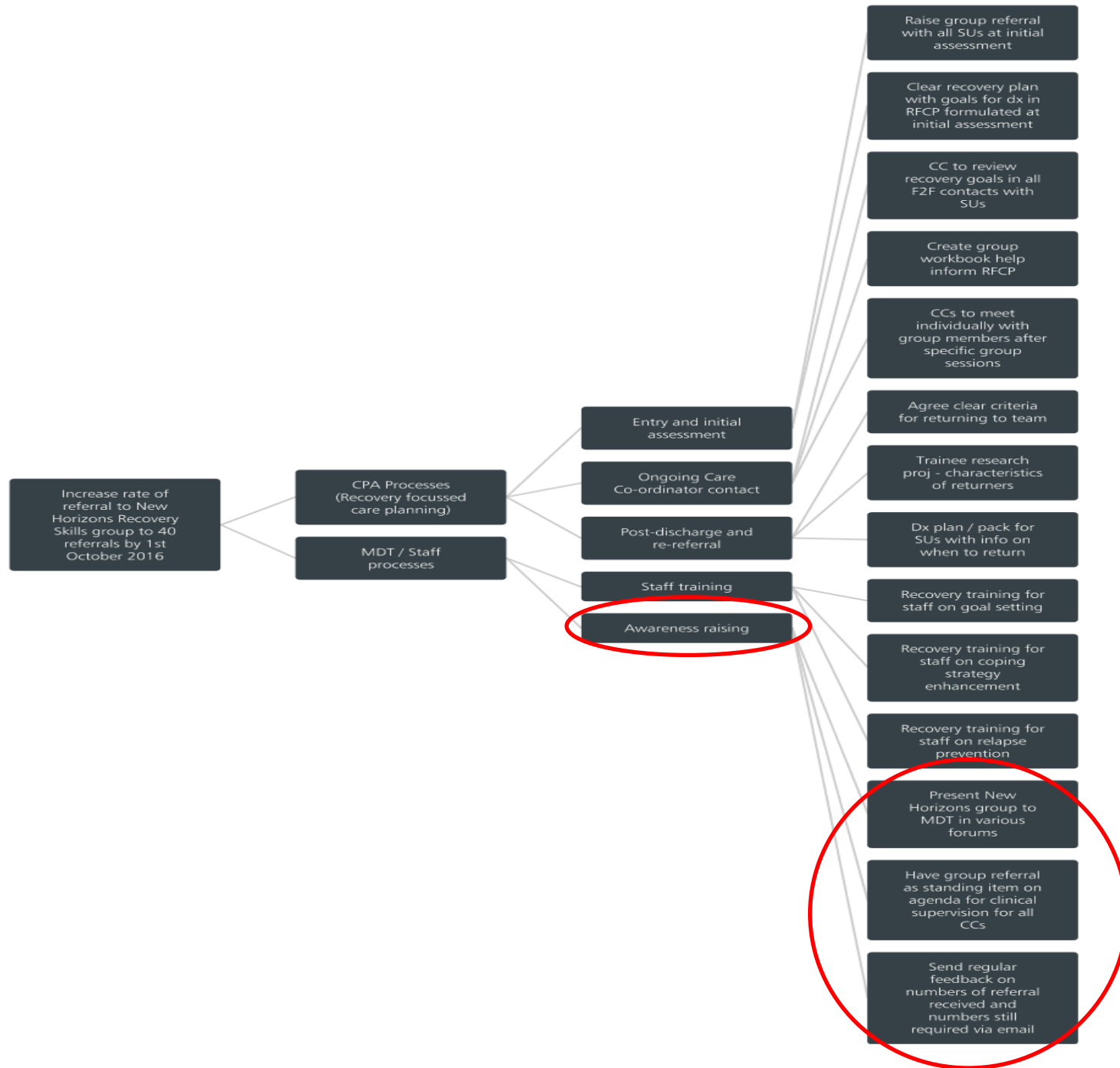
Dr Barney Williams

Elizabeth Corker and Barney Williams  
Newham Community Recovery Team South

# Background

- Stepping down service users from CPA required thought to move beyond administration requirements
- QI aim: 'Increase rate of referral to New Horizons Recovery Skills group to 40 referrals by 1st October 2016'
- SRP aim: To describe and understand the Care Coordinators experience regarding the New Horizons Group
- Current project sits outside the main QI project, will inform the new incarnation of the project





# QI Project Methodology

- Individual interviews with Care Coordinators
- Focus Group



# QI Data

- Qualitative
  - Semi-structured individual interviews (n= 3)
  - 1 focus group (n= 6)
  - Thematic Analysis (Braun and Clark 2006)

# QI Project Outcomes

- Findings will relate to Care Coordinators knowledge, attitudes and behaviour's relating to the New Horizons Group
- Recommendations will be made regarding engaging Care Coordinators
- Learning points: communication and tailoring information
- Understanding how Care Coordinators interpret 'psychology' groups can help with more effective MDT collaboration and smoother referral process

# Reflections

- Opportunities: to reaffirm the purpose of the New Horizons Group
- Challenges /barriers: an idea that 'it's not relevant for me/my clients'
- QI structure facilitated generation of knowledge gaps and data collection
- Helpful to learn about the process of groups in the community and importance of MDT working

**ELFT CLINICAL PSYCHOLOGY**

**COORDINATED SRRP QI STRATEGY**

***Annual Conference***

**Reflections**

**Completion of SRRPs**

**Publication**

**Trainee evaluation of QI SRRP**

**Leadership Development**



Division of  
Clinical Psychology



The  
British  
Psychological  
Society

## Clinical Psychology Leadership Development Framework

*'Leadership behaviour enables organisations not only to cope with change but also to be proactive in shaping the future'*

Effective leadership for clinical psychologists at all career stages can be strengthened by an awareness of personal qualities and values, and by the application of our professional skills and knowledge. Our core psychological competencies and relationship expertise in engagement and collaboration can serve as valuable tools for effective leadership. However, this document sets out a continuing developmental framework for leadership behaviour which is both incremental and cumulative from pre-qualification, to director levels of the profession. As such it may inform pre-qualification training curricula and both personal and organisational programmes of continuing professional development. It may serve as a reference point for career progression (e.g. through the knowledge and skills framework) and as benchmark criteria for recruitment at various bands of the profession. Most fundamentally it aims to both inform, and be a tool to promote, personal and professional development for all members of the profession.

September 2010

NHS INSTITUTE FOR INNOVATION AND IMPROVEMENT/NATIONAL LEADERSHIP COUNCIL

# Proposed Leadership Competency Framework for Clinical Professionals

## Demonstrating personal qualities

Developing self awareness  
Managing self  
Continuous personal development  
Acting with integrity

## Working with others

Developing networks  
Building & maintaining relationships  
Encouraging contribution  
Working with teams

## Setting direction

Identifying context  
Applying knowledge & evidence  
Making decisions  
Evaluating impact

## Managing services

Planning  
Managing resources  
Managing people  
Managing performance

## Improving services

Ensuring patient safety  
Critically evaluating  
Encouraging improvement & innovation  
Facilitating transformation