Increasing Access To Psychological Therapies

Rory Bolton(Project Lead) Caroline Ben-Zania, Arzum Gulsar, Emma Jones (team members), Dean Henderson (Project Sponsor), Kelly Gale (I.A)

NHS East London NHS Foundation Trust

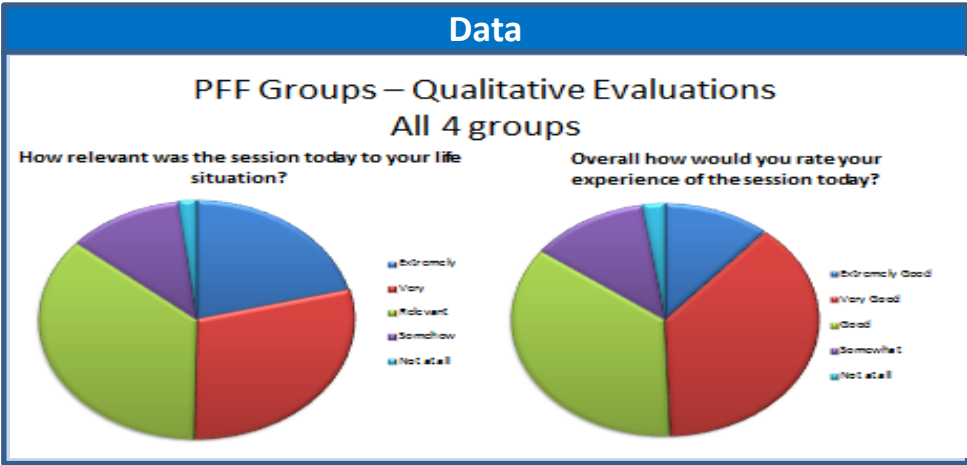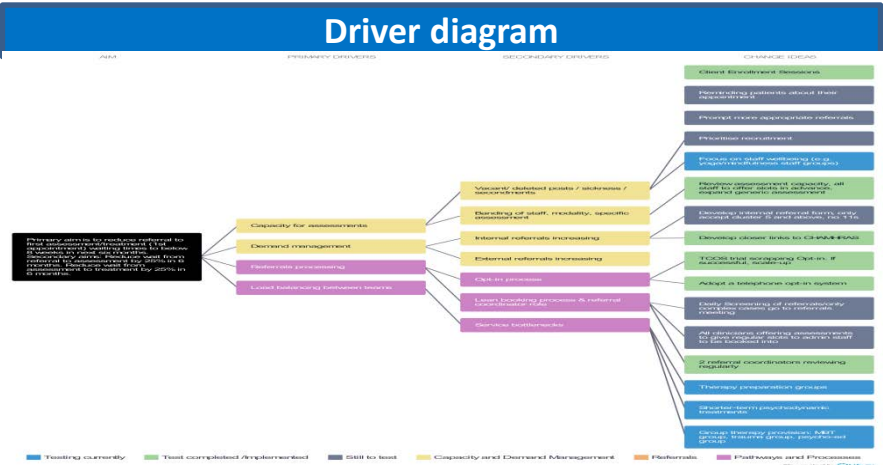## Reducing wait times from referral to treatment

Aim

To reduce waiting times from referral to treatment to below 8 weeks

Why is this important to service users and carers?

Waiting for psychological therapies places additional stress and concern upon service users who are already experiencing a crisis.

Tests of Change

- *Enrolment Sessions*
- *1st Stage Treatment Groups*

.

Driver diagram

Data

PFF Groups – Qualitative Evaluations
All 4 groups

How relevant was the session today to your life situation?

- Extremely
- Very
- Relevant
- Somehow
- Not at all

Overall how would you rate your experience of the session today?

- Extremely Good
- Very Good
- Good
- Somewhat
- Not at all

Learning and what next?

Improvements in wait times are being made but we are not finished yet. We still have more improvements and changes to make to reach our aim and are using the demand and capacity model to help us predict future wait times and demand.

PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS

Primary aim is to reduce referral to first assessment/treatment (1st appointment) waiting times to below 8 weeks in next six months. Secondary aims: Reduce wait from referral to assessment by 25% in 6 months. Reduce wait from assessment to treatment by 25% in 6 months.

Primary Drivers:
- Capacity for assessments
- Demand management
- Referrals processing
- Load balancing between teams

Secondary Drivers:
- Vacant/ deleted posts / sickness / secondments
- Banding of staff, modality, specific assessment
- Internal referrals increasing
- External referrals increasing
- Opt-in process
- Lean booking process & referral coordinator role
- Service bottlenecks

Change Ideas:
- Client Enrollment Sessions
- Reminding patients about their appointment
- Prompt more appropriate referrals
- Prioritise recruitment
- Focus on staff wellbeing (e.g. yoga/mindfulness staff groups)
- Review assessment capacity, all staff to offer slots in advance, expand generic assessment
- Develop internal referral form, only accept cluster 5 and above, no 11s
- Develop closer links to CHAMHRAS
- TCOS trial scrapping Opt-in. If successful, scale-up
- Adopt a telephone opt-in system
- Daily Screening of referrals/only complex cases go to referrals meeting
- All clinicians offering assessments to give regular slots to admin staff to be booked into
- 2 referral coordinators reviewing regularly
- Therapy preparation groups
- Shorter-term psychodynamic treatments
- Group therapy provision: MBT group, trauma group, psycho-ed group

Generated by LifeQI