

Right Services at the Right Time at the Right Place

Dr Amra Rao, Consultant Clinical Psychologist, Project Lead
Dr Sam Stephen Coates, Gilla Gelberg, David Lee, Dr Andrew Higginbotham, Dr Francisco Frasquilho, Janet Brown, Rowena Russell
Dr Dudley Manns, Project Sponsor, Auzewell Chitewe, QI Lead

Project aims

To increase timely access to psychological therapies by reducing Referral to Therapy wait times to 18 weeks by October 2015

What Our Patients are Telling Us

93% of our users are either satisfied or very satisfied . 93% would recommend us to friends or family.

The lowest rated item was satisfaction with waiting times

"I sometimes struggled with my mental health during the wait".

"Far too long, but really that is a political/funding issue"



How long are the waits?

Commissioners How many people are seen within the target time

ManagersLongest Wait
(Prospective, Retrospective)
Average waits
Number waiting

Clinicians



Referrers When my patients are likely to be seen

Waits for New Cases
Therapy Endings
Users
How long it will ta
be seen

How long it will take for me to be seen When things will change Would it make a difference

Improvements: What we are doing well

- 18 weeks wait time for specialists' therapies (CBT, Integrative, Systemic, Family therapy, Psychodynamic) by October 2015 is achieved and is sustained for last 4 months.
- Longest waits for assessment reduced from a mean of 25 weeks to mean of 5-6 weeks. Therapy waits reduced from over 40 weeks to 18 weeks.
- Screening and assessment processes are streamlined alongside implementation of a Referral Form.
- A realistic quota for the new referrals for assessment is in place to manage the imbalance between demand and capacity
- "Fast tracks" to therapy lists are introduced to reduce duplicate assessments to respond to users feedback.
- Enhanced interface with Primary Care Talking Therapies for triaging,
 skill share & identification of resource gap
- Increased efficiency in use of assessment slots due to the use of text reminders & DNA protocols.
- The service DNA rate has reduced standing at 13.7% since start of text messaging of appointments (down from 22% before the QI)
- Enhanced quality and choice of therapy interventions
 - (a) Review Based Therapy Contracts
 - (b) Development of the least Intensive Interventions (CBT psycho- educational Programmes, Brief Family Interventions
 - (c) National Pilot on brief therapies (CC- DIT)
 - (d) Enhancement of the groups such as specialist psychotherapy, Hearing Voices & Mindfulness groups.
- Ongoing Detailed Process Mapping for an overview of the care pathway to identify further potential improvements to efficiency

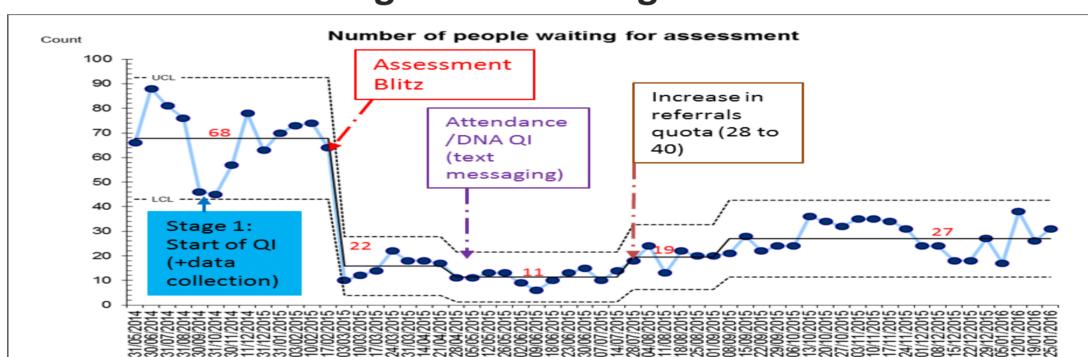
Where we were

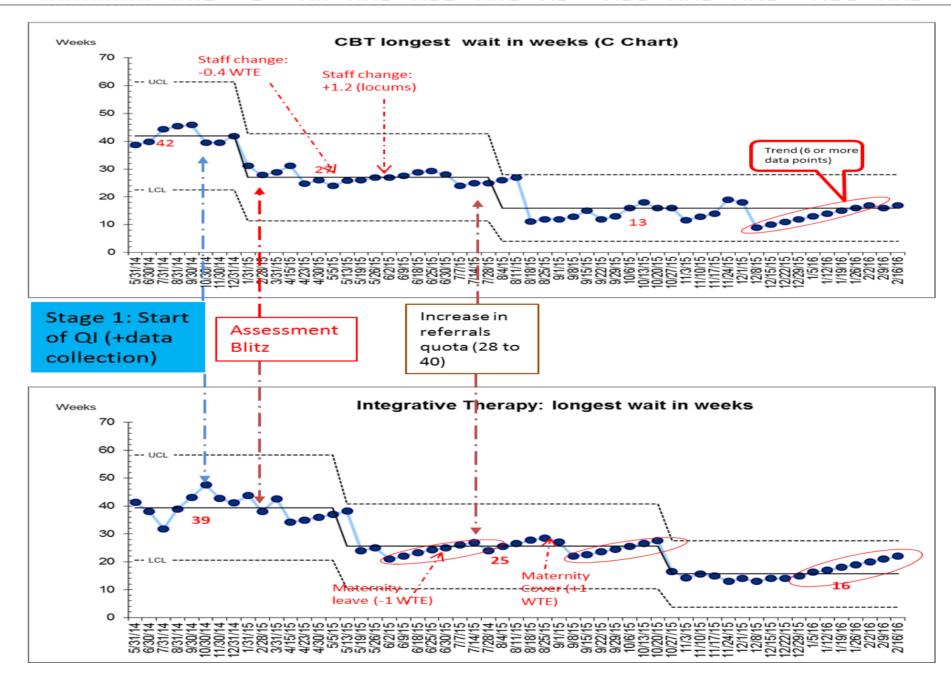
Reduced resources including the recent deletion of 1wte
Mismatch between demand & resources resulting in long wait times
& periodic closure to referrals
Suspected systems inefficiencies due to repeated service redesigns

Our Whole System Approach

Developing integrated systems & pathways
Working with complex human systems
Users engagement
Incremental Learning

How longs are the waits Are Change ideas making a difference?





Threats & Challenges

Sustainability of 18 weeks target is at risk

WT monies are withdrawn

Fast tracks bypassing the Cap are on the increase

Reduced capacity due to the deletion of 1wte LBN funded post in 2015

Mismatch between demand and capacity remains a significant threat

Adherence to NICE guidance & national guidance for the equity of timely access at the right place for users with SMI

Absence of quotas for referrals seen within the available capacity

The emergency measure of a partial CAP is effective but is disguising unmet need

Informatics support & resources for system's governance & outcome data

