# CHANGING LANES FORMULATION IMPROVEMENT

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#### BACKGROUNDINFO

Changing Lanes is an Intensive Intervention and Risk Management Service (IIRMS) under the OPD Pathway. IIRMS are co-commissioned by the National Health Service (NHS) and Her Majesty's Prison and Probation Service (HMPPS) to provide specialist risk assessment and psychological and psychosocial interventions to service users supervised by the National Probation Service. IIRMS specifically provide enhanced support and treatment to high risk service users whose person ality difficulties (e.g. Antisocial Personality Disorder) are linked to their risk of violent and/or sexual offending.

Changing Lanes provides coverage for the boroughs of Hackney, Tower Hamlets, Newham, Barking and Daggenham, Havering, Haringey, Waltham Forest, and Redbridge.

Changing Lanes' key product is a psychology report encompassing risk assessment, formulation, and treatment recommendations. This report, and namely its formulation, guide the service user's journey through IIRMS and the OPD Pathway. This formulation is reviewed every six months to ensure that the service user is on the appropriate treatment pathway and to assess progress thus far.

## **PROJECT**AIMS

A key component of Changing Lanes' service delivery is the development of case formulations. As per commissioning targets, 90% of active cases should have a formulation. In Q1 (June 2018), 51% of Changing Lanes' active cases had a formulation.

Primary Aim: To improve the percentage of active cases with a service-developed formulation from 51% (Q1) to 90% by Q3 (December 2018) and 95% by Q4 (March 2019).

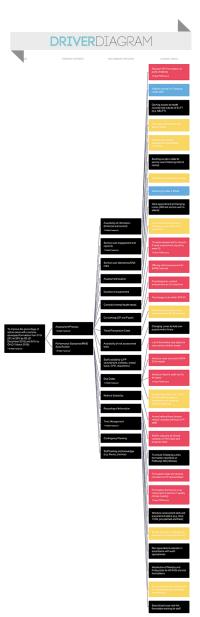
Secondary Aim: Support clinical team in identifying barriers which impinge on meeting the agreed formulation performance target of 90%.

## DEFINEFORMULATION

"Case formulation is a theoretically-based explanation or conceptualization of the information obtained from a clinical assessment. If offers a hypothesis about the causes and nature of the presenting problems, and provides a framework to developing the most suitable treatment approach."

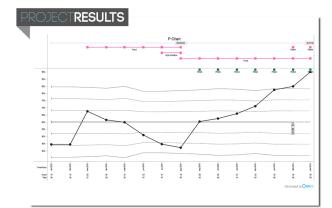
- Hart et al. (2011)

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#### **PDSA**RAMPS

- #1: Highlighting Formulation with Clinical Team (September 2018 Formulation raised in team meetings, QI project announced to staff, psychologists reviewed existing and missing formulations. Initial audit performed
- #2: Caseload Risk Assessment and Formulation Audit (Oct 2018 Comprehensive audit tool employed to caseload. List of missing formulations sent to staff. Nudges introduced into weekly clinical meeting.
- #3: Assessment Model Change (December 2018 to March 2019 Psychology assessment moved from 12-week assessment to 6-week assessment. Formulations produced by Week 6.
- #4: New Referral Form (December 2018 to January 2019)
  A shorter, more user-friendly referral form designed and distributed. New
- #5: Risk and Formulation Review Schedule (Feb to March 201 Introduced monthly rota to ensure 4 formulations written and/or reviewe each month.



### CONCLUSIONSFIC

In Q3, formulation rates improved to 71.11%. Rates continued to improve into Q4, with 82.5% of active cases having a formulation in January 2019 and 95% of active cases having a formulation in March 2019.

Whilst we did not accomplish 90% formulation compliance in December 2018 we did meet our ultimate goal of 95% compliance in March 2019 (end of Q4). Data demonstrated a continued upward trend following first PDSA cycle.

Project team concluded that QI introduced systems that will continue to support high performance across key areas of service, including but not limited to formulation. QI highlighted need to allocate protected time for formulation, streamline referral form, schedule reviews, and focus on primary task. Project also illustrated complexities of delayed or missing key products (e.g. how transaction costs, DNAs, and recalls affect service delivery).

Actioned Idea Contended Idea Sometimes Action