NCAPQI Final shared learning session slides

Contents

NCAPQI
Final shared learning session

Thursday 22nd of February 2024
13:00-16:00pm

Essex Support and Treatment for Early Psychosis
East and West Teams

Our Aims

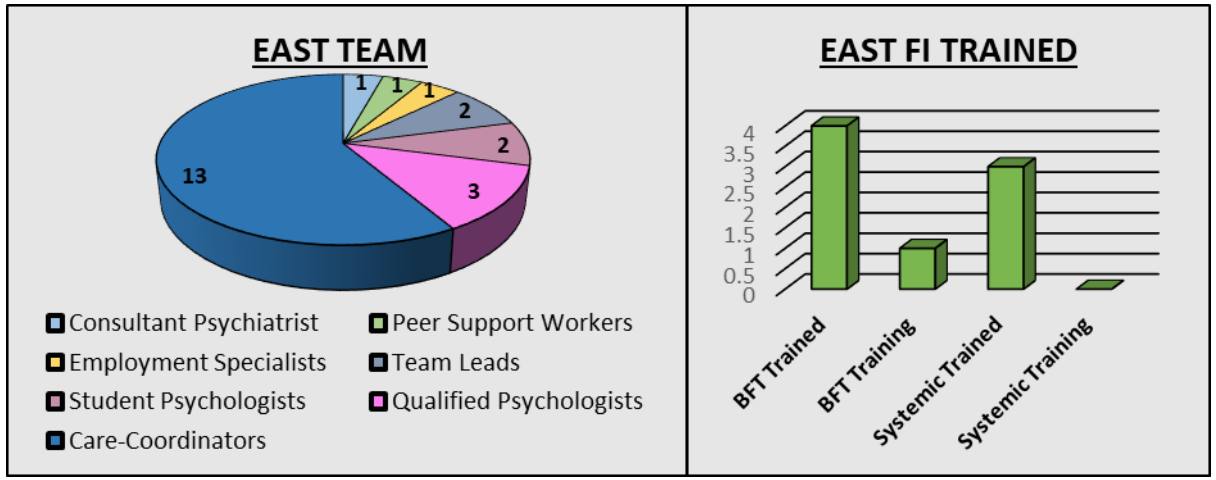
- To improve the general uptake of Family Interventions.
  - East Team: Aim to increase the current uptake by 8%.
    - *Previous MDT audit (2021/22): 29%.*
  - West Team: Aim to increase the current uptake by 16%.
    - *Previous MDT audit (2021/22): 13%.*
- To ensure the NCAP standards for Family Intervention are met at the 'Top Performing' level on a consistent basis.
  - Percentage of service users with first episode psychosis and their families that took up Family Interventions ≥24% of current caseload.

These aims are scheduled to be achieved by the end of March 2024.

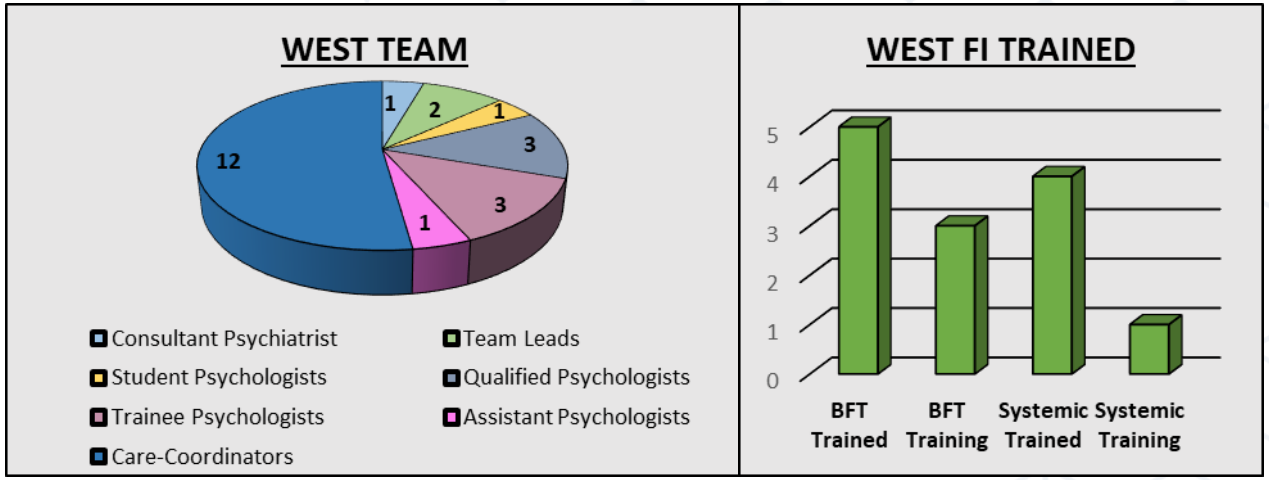
Our Team/s

- **Family Intervention QI Leader:**
  - Kirsty Lister (Senior CBTp Therapist)
- **Lived Experience Representative (LER):**
  - SB (East Team SU) & KB (East Team Carer)
    - *Would meet monthly.*
- **Wider Team Members:**

East Team (Approx: 155 SU's):



West Team (Approx: 112 SU's):



East & West Teams – Diagnostic Measures

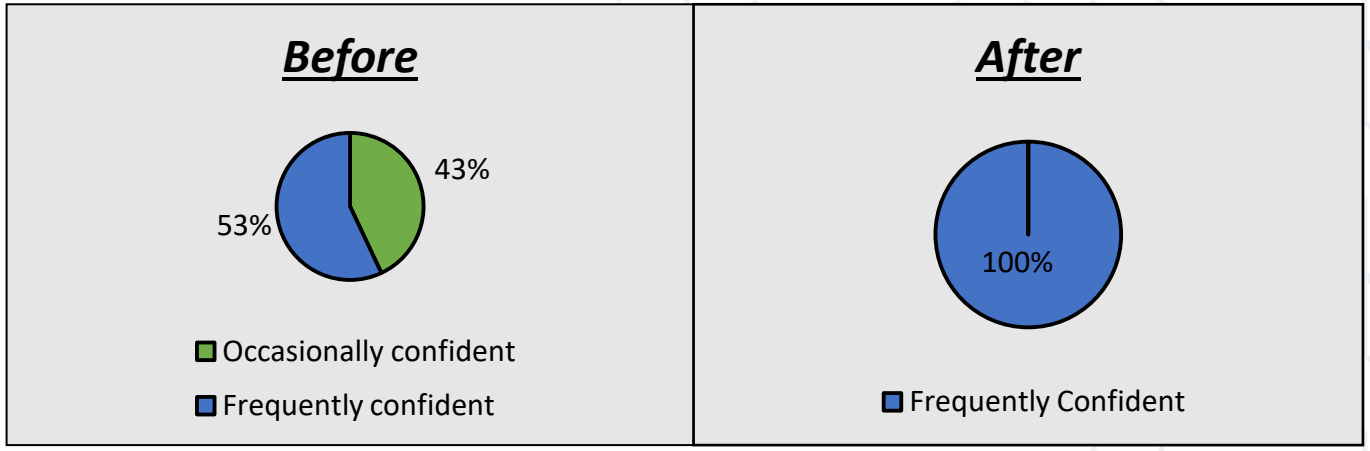
- Repeating questionnaires from scoping exercises.
  - Measuring statistical numbers of care-coordinator involvement
- Psychology database statistics to measure uptake of Family Intervention.
- Increase implementation of outcome measures (i.e.: SCORE-15).
- Social graces development group to include a question on cultural adaptation specific to therapy within their general scope.
- Feedback from carers/family of service users.

East & West Teams – Diagnostic Conclusions

- Increase in amount conversations by staff members regarding family work.
- Staff members expressing further interest with family intervention involvement.
  - Increase of care-coordinators volunteering for FI reflecting teams work.
- Increase skill reflection during MDTs
  - Exploration of the 3-tier system is being continuously developed (levels of FI delivered).
- Improved feedback and engagement at consultation sessions.
- Care-coordinators have expressed a further need for family education and support.
- Re-scoping showed an increase in confidence to speak about family work in both clinical and general settings.

- **Social graces questionnaire results showed:**

Every statement should be answered by circling one number ranging from 5 (always) to 4 (frequently), 3 (occasionally), 2 (seldom), and 1 (never).



East & West Teams - Change Ideas

- Increase the knowledge, confidence and skill set of staff, evidenced through questionnaires/scoping exercises.
- Increase in care-coordinator involvement in FI sessions, measured through active engagement and outcome measures.
- How we deliver FI – utilise different strategies by introducing the tier system of intervention.
- Distribution of information relating to FI recognising culture, diversity, ability, etc.

East & West Teams – First PDSA Example

P (Plan)

- Introduce case consultation & formulation alongside FI specific case consultation, as well as Continuing Professional Development (CPD).
- Primarily lead by psychology service.
- Care-coordinators to bring cases for formulation and discussion.
- Psychologists to discuss and formulate with careco's.
- FI Training
- To deliver CPD developed by psychology team following previous scoping exercise.
- Previous scoping exercise explored confidence (This will be re-measured).
- Expecting resistance to change.
- Confidence of staff expected to improve with regards to delivering FI.

D (Do)

- Offered case consultation slots weekly, alternating days for greater capture of staff; Fortnightly FI specific consultation.
- In consultation explore family work and care-coordinator skills.
- Raise family work at Monday and Friday MDTs.
- Reinforce the three tier system of family intervention through ongoing CPD.
- Ask for care coordinator volunteers to be involved in FI.

East & West Teams – First PDSA Example

S (Study)

- Increased conversations from staff members related to family work.
- Staff members showing further interest with family intervention.
- Care-coordinators volunteering for FI.
- Further skill reflection during MDTs
- Exploration and explanation of the 3-tier system.
- Improved feedback and engagement from care-coordinators.
- Care co-ordinators more likely to express a need for family support.
- Increase in confidence to speak about family work in a variety of settings.

A (Act)

- Continue with the consultation slots and specifically the fortnightly FI specific sessions.
- Continue to keep FI on the MDT agenda.
- Re-deliver the tier system training every 6-12 months.
- Revisit scoping exercise for confidence every 6 months
- Psychology to continue to encourage care-coordinators to be involved in FI work

East & West Teams – Staff Training (March-23 - Feb-24)

Open Discussion – 'How can we improve FI as a Team?'

"Create an infographic making the aims and objectives of FI accessible to families in a way that is positive, encouraging and de-stigmatising."

"Deliver FI sessions together (Care-coordinators & Psychologists)"

"The service used to have most of its care-coordinators trained in FI, can training be considered again so we have the resources to deliver?"

"Create a regular space to talk about FI in MDT meetings"

Open Discussion – 'How can we continue to improve our approach to FI as a collective?':

"By creating an environment through explanations of FI to provide helpful advice and support to our clients"

"Enjoyment of existing FI training, would feel a benefit from further expansion"

"The experience of assisting the family sessions allows for a chance to help clients in a way I previously hadn't"

"As a student, I like being able to apply and see theoretical knowledge used to help service users."

East & West Teams – Family Intervention Outcomes (Feb-24)

- **A Pre & Post analysis of quantitative survey data indicates:**
  - (EAST) A *21% confidence* ***increase*** in identifying 'Family Related Issues' during MDT's ↑
  - (WEST) A *30% confidence* ***increase*** in identifying 'Family Related Issues' during MDT's. ↑
  - **(EAST & WEST) A 34% *increase* in staff interest around Family Intervention.** ↑
    - This includes undertaking formal BFT training and shadowing sessions for existing cases.
  - **(EAST & WEST) Staff members are more likely to use the Case Consultation space.** ↑
    - Consultation Log shows a steady West Team presence for FI specific case consultation.
  - **(WEST) Care-coordinators are beginning to use an adhoc approach during conversations with Psychology Team members.** ↑

East & West Teams – Family Intervention Outcomes (Feb-24)

- **MDT and Psychology database analysis shows an *increased* uptake of Family Intervention from SUs:**

East		Uptake Percentage
Total No. of Clients (21/22) = **82**	No. of Clients engaged with FI = **24**	29%
Total No. of Clients (22/23) = **171**	No. of Clients Engaged with FI = **47**	27%

Overall increase of *51%*

West		Uptake Percentage
Total No. of Clients (21/22) = **90**	No. of Clients engaged with FI = **12**	13%
Total No. of Clients (22/23) = **110**	No. of Clients Engaged with FI = **25**	22%

Overall increase of *48%*

East & West Teams – Current PDSA (In progress)

P

(Plan)

- SB and KB (LER's) introduced the QI project to the service user involvement-collaboration group.
- Explored how we might measure this quantitatively (Undetermined).
- Communicate with comms about what we can offer for co-production.
- Consider a small steering group of interested service users.
- Offer this to other service users who may want to be involved in this project but not necessarily in the service user involvement-collaboration group, via their care-coordinators.
- SUs discussed and suggested to start producing videos containing content related to understanding mental health and in the family context.

D

(Do)

- Discussed project at service user involvement-collaboration group.
- Produce videos from the perspective of children, targeted for children.
- SUs created a long term goal of creating further content dedicated to discussion of family work.
- Ongoing discussions are being conducted around the use of appropriate outcome measures for this concept.

East & West Teams – Current PDSA (In progress)

- The Study and Act element of the current PDSA are still in progress.
- Here are some examples of content created by the Service User Involvement-Collaboration Group to date:

Mario – It's Good to Talk

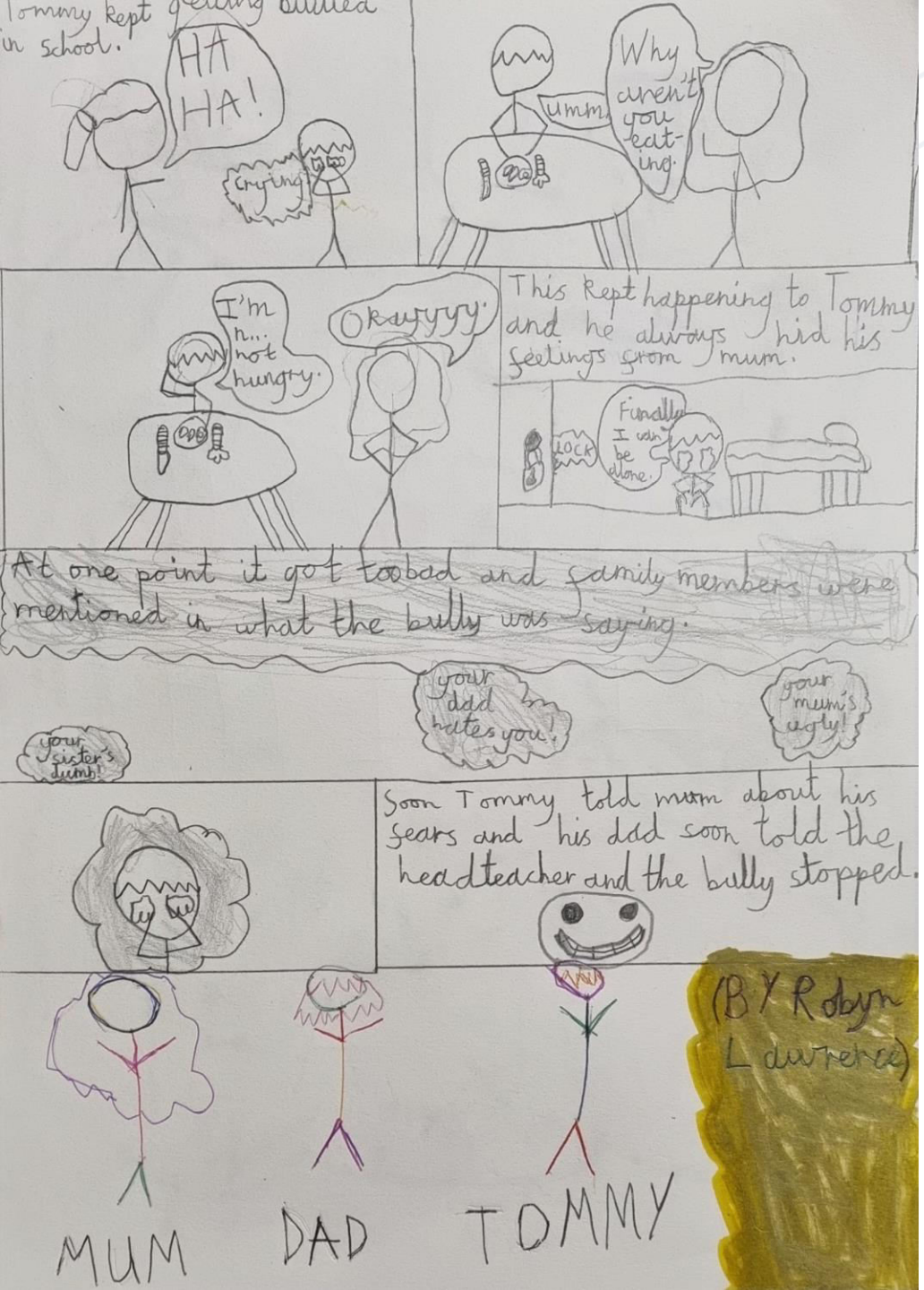
https://youtu.be/LndI4dJWwiQ

Daddy Film

https://youtu.be/I3VZiZO0LEM?si=QjGXgM4F7M4PKtZi

Tommy – Comic

↓



Tommy kept getting bullied in school.

"HA, HA!" **Crying**

Why aren't you eating?

Umm.

I'm not hungry

Okay.

This kept happening to Tommy and he always hid his feelings from mum.

Lock

Finally I can be alone

At one point it got too bad and family members were mentioned in what the bully was saying.

"Your sister's dumb" "Your dad hates you" "Your mum's ugly"

Soon Tommy told mum about his fears and his dad soon told the headteacher and the bully stopped.

By Robyn Lawrence

Reflections on the experience of being part of a national QI project

- **Living Experience Representatives:**
  - "It's nice to feel useful and contribute to developing services. Also being allowed to be creative without restrictions"
  - "The project made us think about our own families, and how we can involve them in the projects".
- **The use of more outcome measures i.e.:** ***(SCORE-15):***
  - Improvement needed on sustaining and encouraging staff members to complete.
  - "This project has taught us the value of outcome measures, and how the data reflects our potential areas for development".
- **Continue social graces discussion/analysis to provide more diverse insights:**
  - Discovered the potential for collaboration with other projects.
- **"The teams have been excellent at developing change ideas, without fully understanding the Model for Improvement":**
  - Unsure of what is trying to be accomplished and why.
  - Difficulty in determining how progress of these ideas could be tracked.

Thank you to everyone involved for the opportunity, it has been a truly valuable experience.

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Mid Essex First Episode Psychosis Team

Our Aims

- We aimed to increase the number of families being referred for family interventions by 50% by February 2024 (from 2 to 3 families a month).

- We aimed to increase the number of families commencing family interventions by 45% by February 2024 (from 0.69 to 1 family a month).

Our Team

- Claire Stubbins (Clinical Psychologist)
- Isaac McCracken (Lived Experience Representative)
- Jenny Tanner (Clinical Manager)
- Morgan Smith (Assistant Psychologist)
- Rachel Siggee (Clinical Lead)
- Sarah Pennington (Clinical Psychologist)

- We met online, once per month to review the change cycle and address any amendments that needed to be made.

Starting our diagnostic work

What we did….

- Focus Group
- Questionnaires
- Psychosis United
- Triage Calls

Our diagnostic work and conclusions

- Discussions with the team identified the following barriers to engagement:
  - Families unaware of FI
  - Low confidence
  - Timing of offer
  - Support from other team members
  - Families concerns

- We concluded that many of the difficulties with engagement were due to lack of confidence of staff, and delaying the discussions of family work and prioritising interventions they felt more confident talking about.

Our change ideas and one example of a PDSA cycle

- Training sessions
- Introducing family work to all clients within their first month with the team
- Updating the family work leaflet

Plan

Encourage discussions within first month.

Encourage the use of the family work leaflet and videos

Do

Team discussions around rationale and began discussions with clients

Problems:

- Extended assessment
- Overwhelm of information and experiences

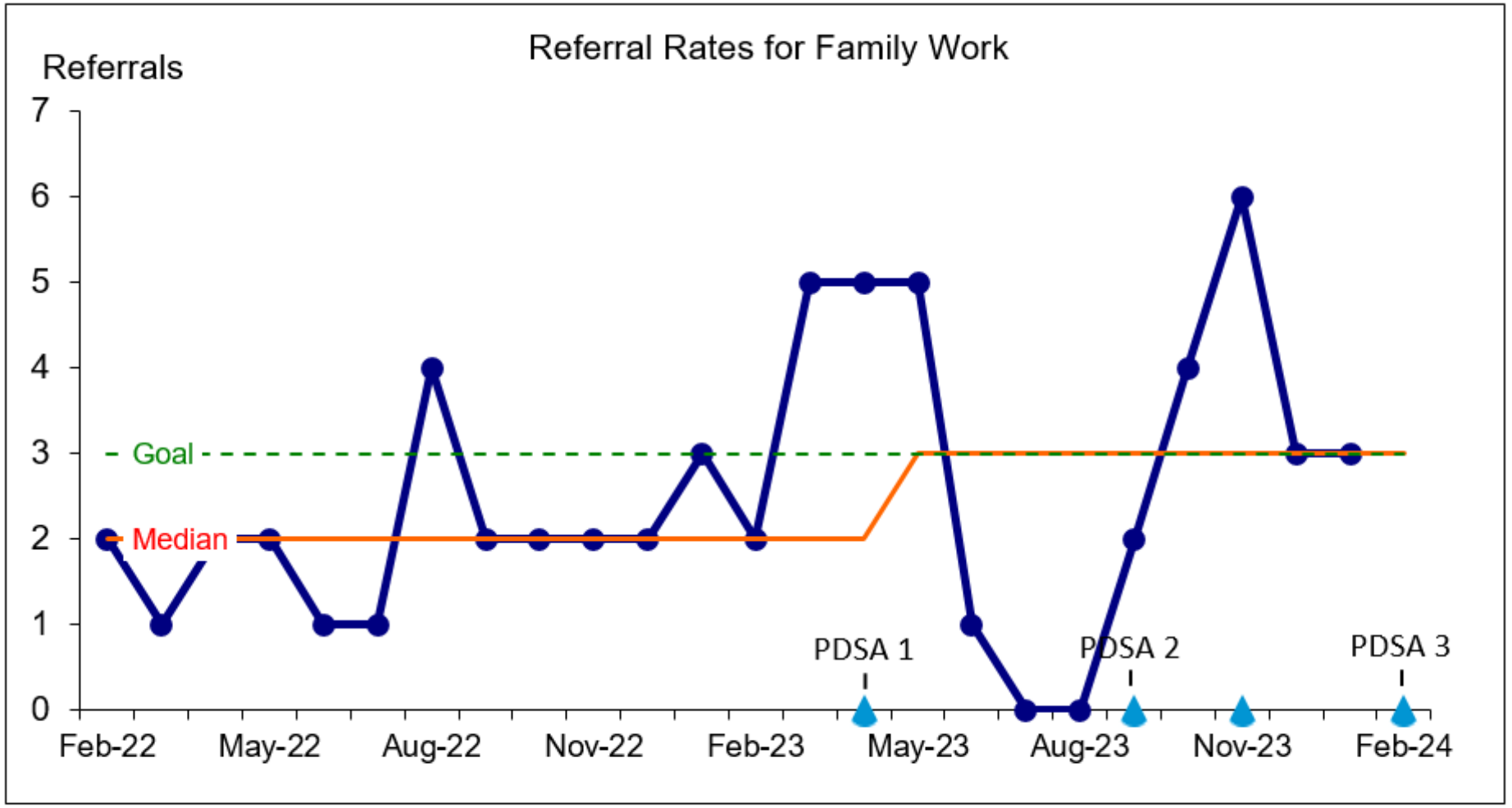
Study

Increase of families referred earlier in their pathway

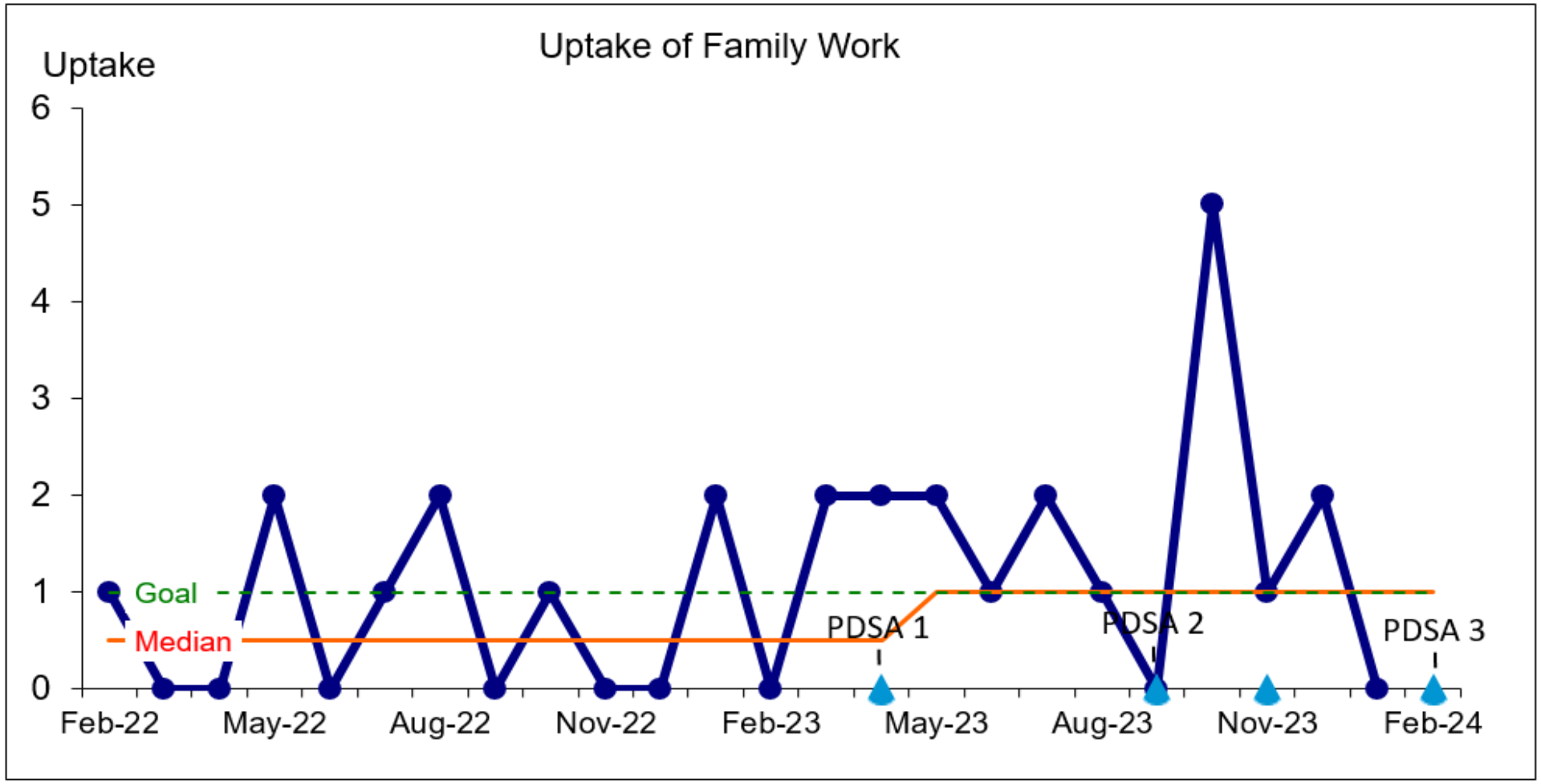
Act

Changed the idea from discussions within the first month, to discussions within the first three months

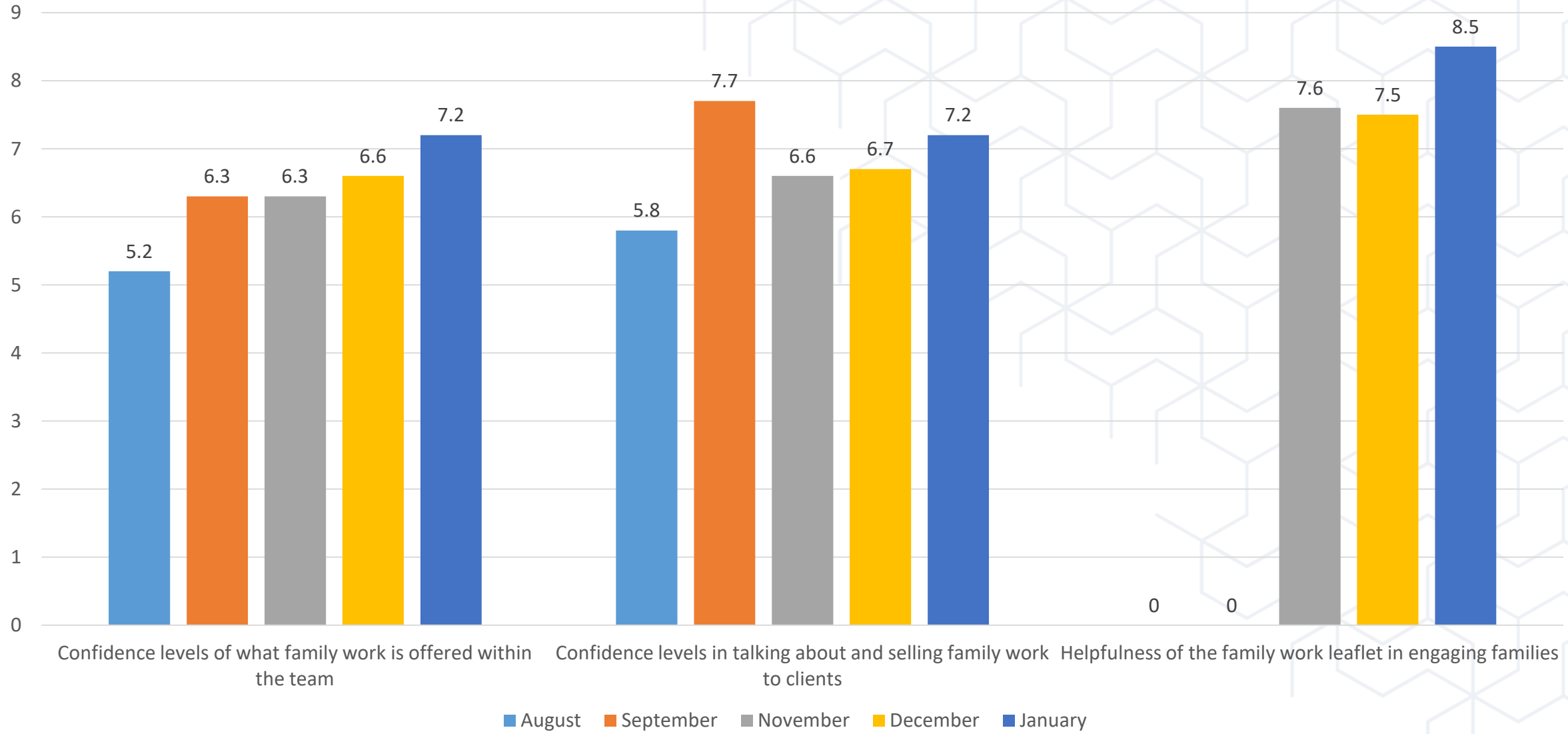
Our measures run chart – Referral rates



Our measures run chart – Uptake



Family Work Confidence Questionnaire



Reflections on the experience of being part of a national QI project

- Staff members reflected that since the project, they have found it easier to have conversations with clients about family work and their confidence has grown.
- Staff reported that they enjoyed the training sessions that have been delivered and having discussions face to face during this.
- Staff have found it beneficial to keep family work on the agenda and would value the project continuing following the completion of the national QI project.
- There feels to have been a shift in culture within the team, everyone has kept family work in the forefront of their minds and have been having more discussions with other team members and clients.

The QI project has been a really positive experience for our team. The structure and coaching support has helped to keep us on track and maintain our focus, which has allowed us to embed new practices, based on change ideas we implemented, within the team's culture to establish FI as one of our priorities. Seeing the difference the changes within the project made helped the team to remain positive and motivated to continue to make improvements, and keep FI on the agenda, and it has been great to work alongside our service users and seek the contributions of family members to help improve how we engage families, and co-produce materials to support this. - Sarah

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Worcestershire Early Intervention in Psychosis Service

Our Aim

- To Increase the provision of BFT from 5% to 10% [redacted] of patients included for audit (with the service for 6 months or more) by end of February 2024.

- Approximately 7 families by end February 2024.

Our Team

- Peer Support worker
- Clinical team lead, linking with
- Wider Psychology department for setting up new BFT supervision hub,
- Three key trained Band 6 care coordinators (2 on the HEE funded training)
- Team Clinical Psychologist.

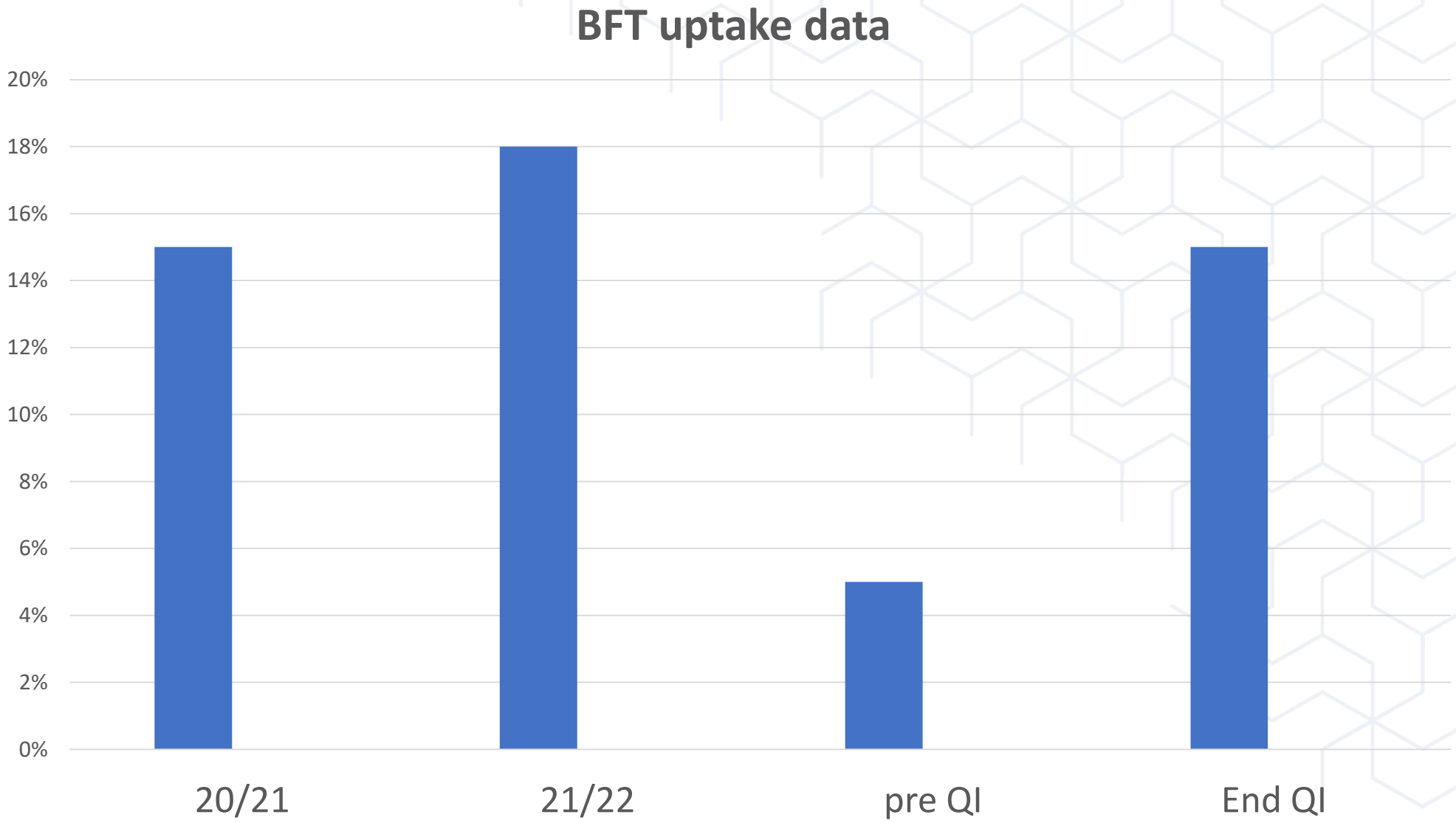
Our diagnostic work and conclusions

- Staff survey around barriers to offering and providing BFT
- Family survey developed but not able to share due to friends and family group low attendance/audience
- Feedback provided by staff regarding patient/family refusals and reasons for this – mostly due to timing, or variation in agreement /parent says yes, patient says no
- Low staff confidence as main barrier – due to limited supervision , newly trained staff without partners to work with
- Misconceptions of staff and patients and families/friends

Our change idea's and one example of a PDSA cycle

- **To increase staff confidence in providing BFT**
- **Change ideas – Introduce Buddy system and MDT discussion re progress/trouble shooting**
- To measure progress through- increase in uptake /provision, business meeting discussions with staff, MDT discussions
- The Gentle reminders -supervision and meetings
- Troubleshooting discussions are now embedded into MDT to creatively solve barriers to uptake
- Changes to BFT supervision- two sessions now offered at different time slots, 2 staff HEE training towards supervisors
- New energy for BFT in the team
- New patients/families showing willingness (the selling/pitch from staff has improved) for BFT but are not included in audit sample – moral stance
- How to sustain this energy and turn motivation into action from staff – The getting started barrier and cross team working to share the level of experience.

Our measurement data



Reflections on the experience of being part of a national QI project

- Opportunities generated- The Buzz , Energy and motivation has increased for BFT
- There is more “think family “ and one family has two patients in the service so it is being done for both together – truly practicing the ethos of family work
- “I felt like a bit of disappointed salesperson when everyone I offered it to said yes but not just yet”
- “ I felt so surprised out how much they got out of it and it felt like doing something worthwhile not just trouble shooting”
- Everyone in the team is now saying “what about BFT “ when discussing patients in MDT, not just Paul and myself now”
- “Being part of the QI project has enabled me to support others with the work that supported me”
- Promoting the model more and practicing it more has helped beyond work in other relationships.

Peer Support Quality Improvement Perspective

The Journey Which Got Me To Being Part Of The QI Forum

Over the past 12 months I have been engaging in supporting the Quality Improvements offer of Family Intervention with our team.

In this time, I have engaged in a huge amount of learning and research into FI and has also been a reflective process in remembering when I had Family Intervention in my first episode of psychosis back in 2003

The question I ask myself when starting the Q I Journey…..

Can I Do This ?

Have I Got The Skills ?

What Can I Contribute ?

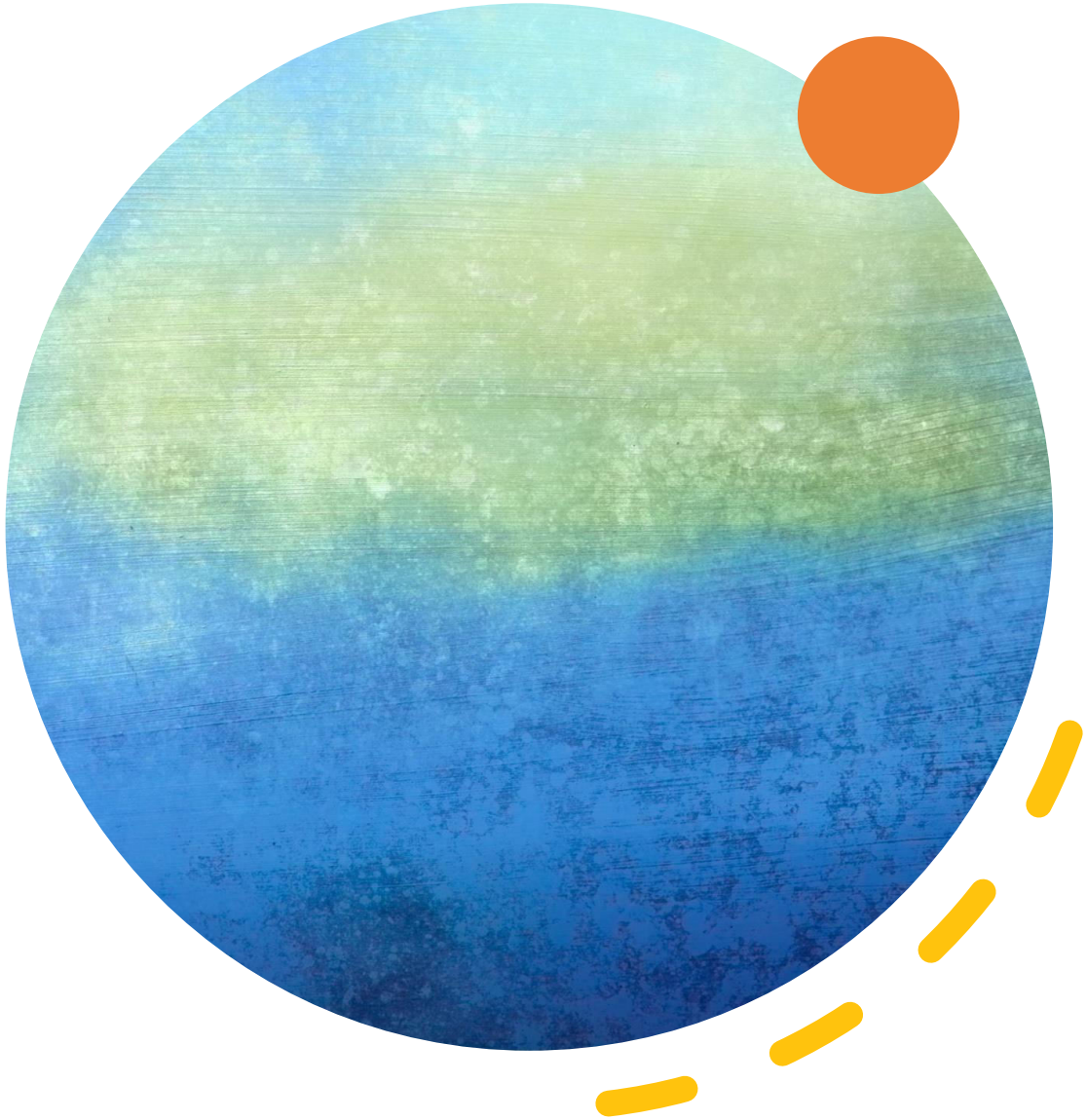
How Does Family Intervention Tie In With My Lived Experience

The Early Intervention Service in the area was in its infancy when I had my first episode back in 2003 and was less evidenced at that time around Family Intervention

My Family was offered the evidence-based Meriden Family Intervention, which was a structured format which supported our family in skills that supported me through my first episode.

This Approach when given at the time enabled my family to better support me and my close support network to provided insight into what was happening and how to mange and problem solve within the family to promote self confidence and independence

My family was able to provide the Early Intervention Service evidence-based research around the importance of family work and the inclusion of thinking family in my recovery



The Journey Between My First Experience And Working On The Quality Improvement Forum.

The use of the skills and learning about FI provided to my family has helped and am still in close contact with all of family members. We problem solve together and support each other with individual and family goals.

I started to work for the early intervention team 10 years ago and have been fortunate enough to recognize the benefits of family work and seen firsthand though supporting the delivery of the intervention the way it promotes development of relationships

Working within the team on the quality improvements there have been multiple changes with how the offer of family work is implemented.

The has led onto working within a new format of measuring change ideas in the form of PDSA Cycles

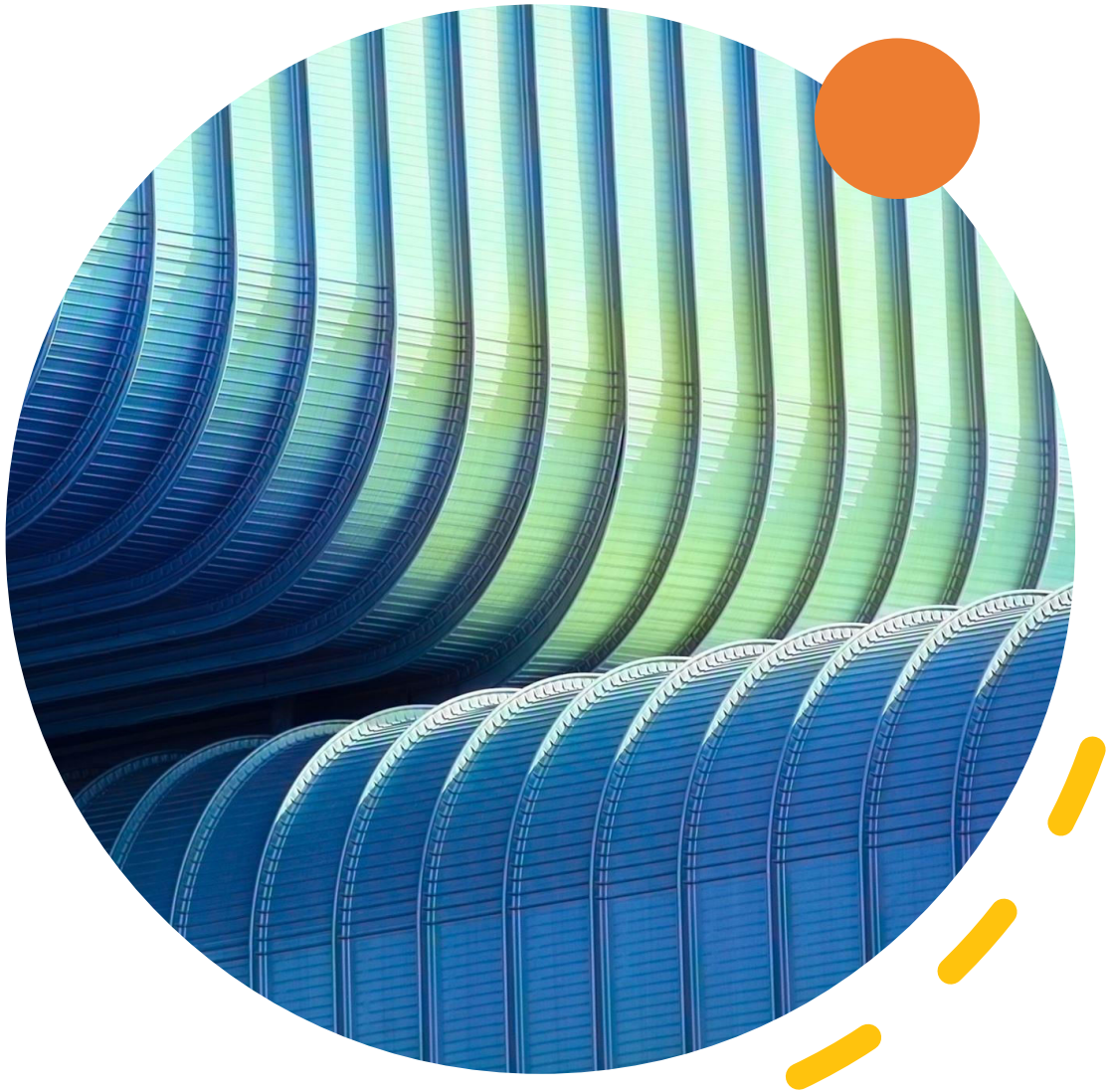
Q I Family Intervention

When entering the quality improvement structure, I struggled with regards to the process of measuring the success of the improvement with regards to the quantative data but could identify with quality effects of the changes that were made easily.

I have learned that being able to communicate the difficulties supported by my manager we have been able to navigate this by utilising the strengths within the team to implement the changes as not everyone has skills to do certain tasks.

Changes Implemented Within The Team

- Increase staff confidence in providing FI.
- A buddy system for staff who feel not as Experienced in FI with staff Experienced with the Meriden Family Intervention Approach.
- Provision Of MDT space to “Think Family” once a month at start of an MDT to raise profile of FI work within the team.
- To increase the awareness of what BFT is and it’s benefits for patients and families. – Psychoeducation for service users and their families.
- The running of carers group and using the carers group Meriden model to encourage FI withing the Family.
- Staff Trained in FI delivery and new FI Meriden Supervisors now trained within the team.
- Implementation Of Initial Family Assessments being pro active in this time through use of F I Resources researched by the team
- Increase In uptake of F I measurable though Q I change improvements learning



Quality Improvement Final Shared Learning Session

22nd February 2024

What Did EI Offer back in 2003

- I was fortunate to engage with all of the Newley recommended guidelines for Early Intervention In Psychosis including Family work with my care co Ordinator at the time.

(Who eventually became a work colleague when I started within Early Intervention as a peer support worker in Worcestershire.)

Family Work Learning

Supporting the Q I Form as enabled me to gain knowledge with regards to what has worked well in other areas of the country and provided us ways to focus on standardising the F I offer to make the FI approach more accessible and relevant to the family's receiving early intervention support.

This became a positive support structure that helped to measure the changes implemented within our service and benchmark our ability to engage Family in the intervention.

With Support From
My Manager Julia And Sadhbh

I was able to gain knowledge in areas we could improve in and identify and measure the improvements Using the PDSA Cycle something I feel can be to complex to think about due to my lived expeince.

As part of the QI Forum I was able to be offered all of the training and the chance to embark on research into Family Interventions and what works well.

Despite .....

My Voices

My Diagnosis

Stigma Around Diagnosis

Discrimination

Recovery Knowledge From Living Experience

Professional Opinion Over Lived Experience

Medication Difficulties

Side Effects and Subsequent Poor Physical Health

And Now Something New ☺

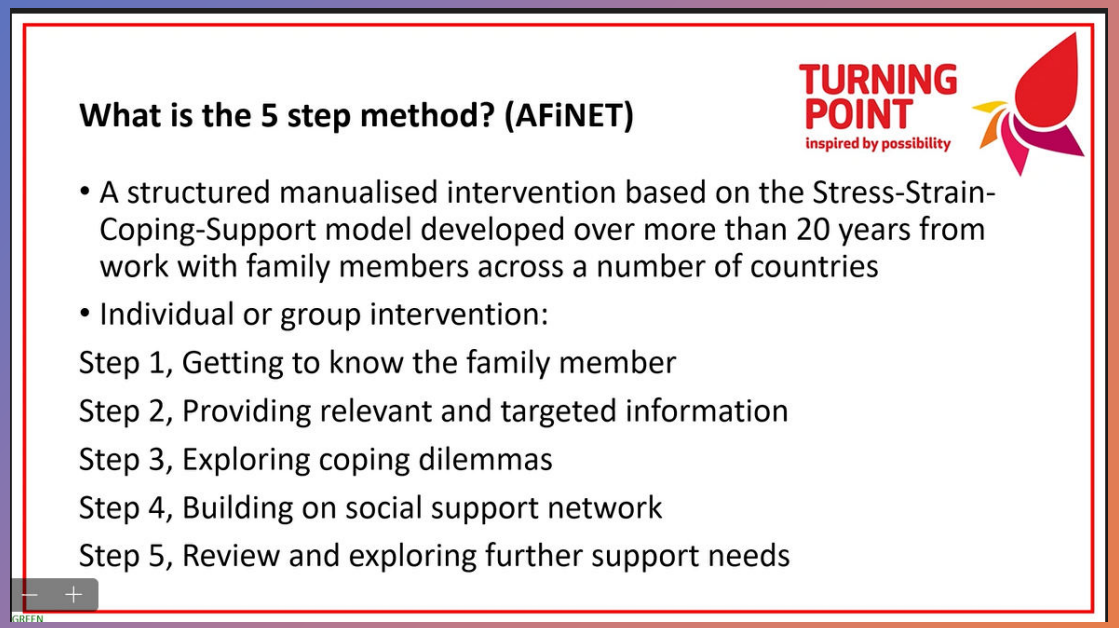
Plan

Do

Study

Act

External Agencies Supporting Family Interventions Within The Area



- Turning Point 5 Step Model

- [Support we offer | Friends and family (turning-point.co.uk)]

- With some of the family work now being offered from external agencies it is uncertain as to how to fully capture numbers uptalking these offered and how to capture the family work that is being offered at different stages of a person's mental health support.
- Turning point is offered in the Herefordshire & Worcestershire area but uses a different model of approach to the Meriden Family Interventions

Research Suggests That

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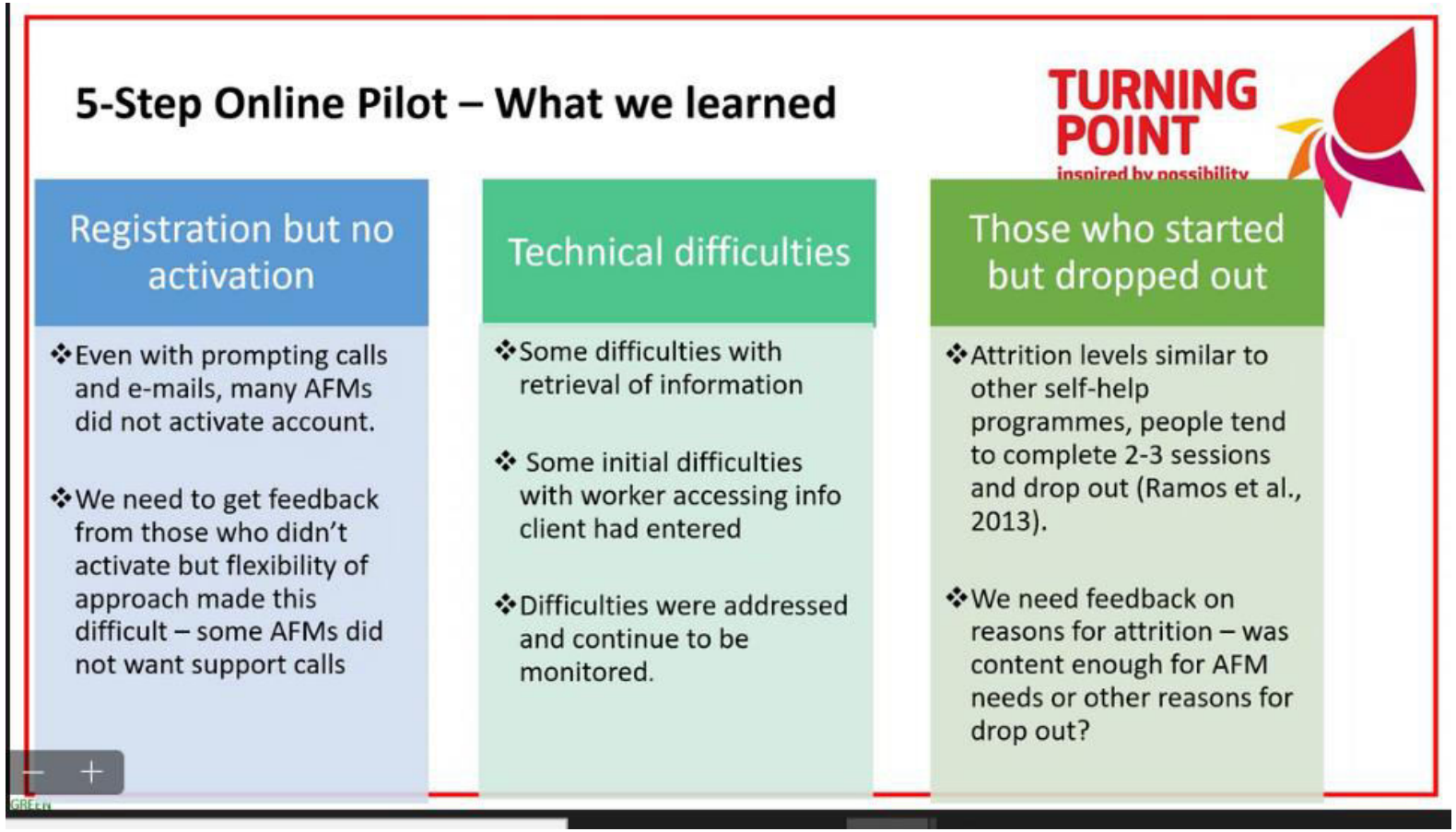
- Online Groups Research Suggests that after two sessions of completed online group sessions the drop off is significant keeping people onboard and understanding the feedback from this is important to improve uptake and sustain engagement.



BFT Meriden FI Family

Family Intervention Research Statistics

How effective are psychological therapies for psychosis? What are the Effect sizes?

Effectiveness of an intervention is measured by "Effect Size" or Cohen's "d"

Small effect = 0.2; medium = 0.5; large = 0.8

Antipsychotics: Range from 0.88 (clozapine) to 0.33 (iloperidone) [most are in the middle]

Family Interventions:

- **Symptom improvement at 2 years = 0.85**
- **General functioning: 0.74**
- **Reduce risk of relapse by 42%**

CBT for Psychosis:

Effect Size was originally around 0.3 however methods are evolving. Now….

- reduction in delusional conviction = 0.86
- Reduction in delusional severity = 1.20
- Reduction in insomnia in people with psychosis = 1.9
- Decrease in odds of complying with harmful command hallucinations by over 55%.

Effect Sizes with Psychological Therapies are *on top* of the effect of antipsychotics since most service users will have been on antipsychotics for some time and remain on these whilst undertaking therapy.

Future Psychological Therapies

Expanding Access to Psychological Therapies for People with Severe Mental Health Problems: What's in scope.

- CBT for psychosis and bipolar disorder.
- CBT for Personality Disorder
- CBT for Eating Disorders
- **Family Interventions**
- Dialectical Behaviour Therapy (DBT)
- Mentalisation Based Treatment (MBT)
- Cognitive Analytic Therapy (CAT)
- EMDR
- MANTRA
- Guided Self Help for Eating Disorders
- Mental Health & Wellbeing Practitioner Training

BFT Adaptions

Adapt the core offer of BFT to suite the persons cultural and spiritual beliefs.

Questions ? For Further Thought

Opt Out Family Work Service within E I Teams ?

People who have declined FI have been offered video to inform people of how the intervention works people have been able to watch this and some have then taken up FI offer. ?

Repeat offers at different times of engagement within E I over 3 years

Crisis Prevision FI Short Interventions to be offered. Is this something that can be explored.

Statistics

Dedicated FI Worker 88% of Families are happy for FI worker to give talk with regards to FI

22% of families up taking FI as an intervention within E I Services (UK)

Challenges Presented In Family Work

- Deviation From the Model Can Be Counter Productive When Engaging With FI
- Narrow Windows of Engagement
- If may feel that you have a lorry load of interventions within FI work but have to try fit this into a car parking space ?
- How can we make the task more achievable with team work?

Words Of Inspiration From Meriden

Give it a go keep to the model

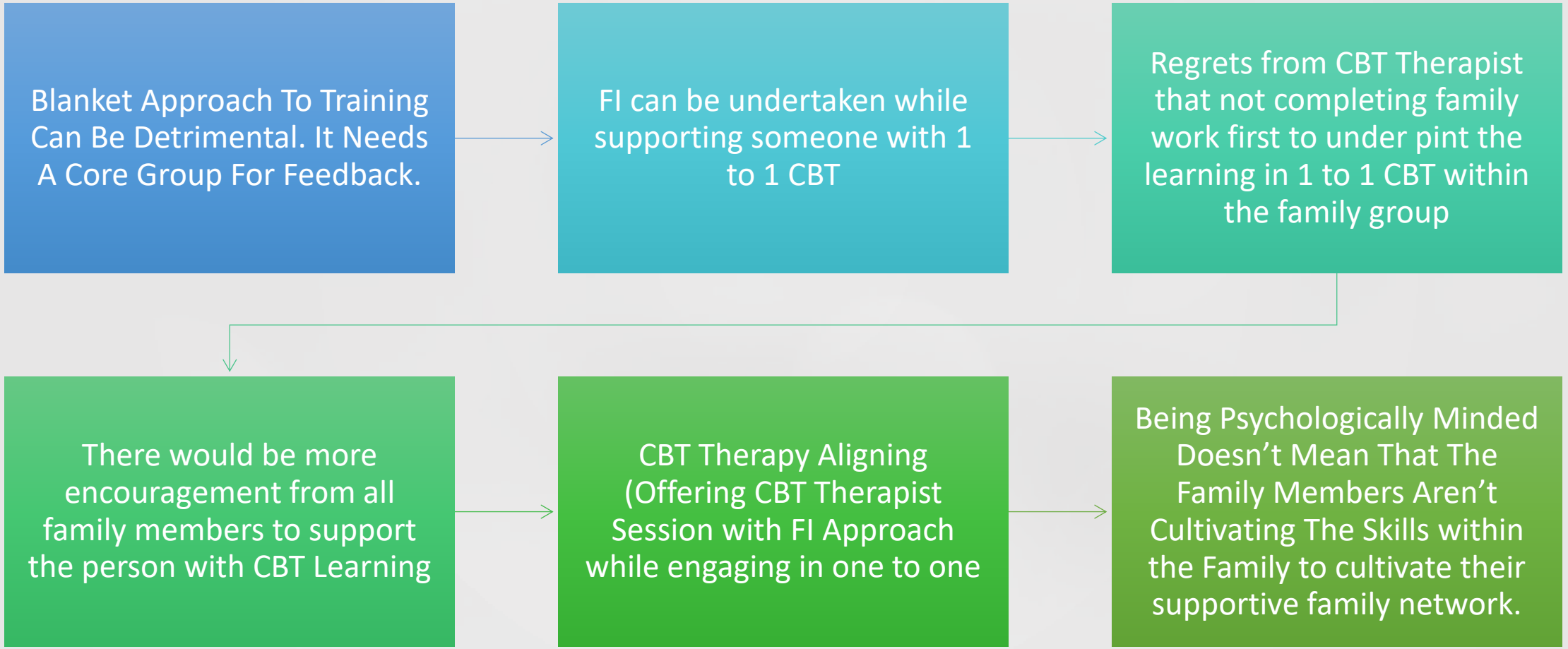
Its not what we give to families it’s the gift they also give to us

Hand Responsibility back to Families We are only along for the journey not the destination

The Key Is Engagement Families Maybe Waiting For A Further Chance To Engage.

Mailing Letter About FI Offering a space to bring family to and F I initial appointment

Learning From Q I Initiative



That’s What Peer Support Does ☺

- Any Questions ☺?

NCAPQI
Final shared learning session

Thursday 22nd of February 2024
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Doncaster Early Intervention in Psychosis Team

Our Aim/s

1. To increase the proportion of eligible SUs being offered CBT to 100% (if it's all eligible SU'S) by March 2024

2. To increase the proportion of SUs deemed suitable for CBT to be re referred for CBT formulation within 6 weeks by X% by March 2024

Our Team

- The QI team involved the following team members:
  - Clinical Lead (Project Lead)
  - Team Manager
  - CBT therapists (x3)
  - Care Coordinators (x2)
  - STR worker (x1)

  - Unfortunately, the team were unable to recruit a lived experience rep however it is hoped that feedback can be sought on the change ideas implemented from service users within the team.

- Initially the team met every month however as the project has developed this has reduced due to team staffing constraints and less requirement once the change ideas were established.

Our diagnostic work and conclusions

- Information was gathered from both an open discussion with the EI team and an anonymous standardised questionnaire sent to team members.
- The discussion focussed on what the team felt was going well and what were the challenges/difficulties in regard to CBT offered.
- The questionnaire focussed on staff confidence and understanding of CBT as well as possible reasons for disengagement.
- Both identified a clear need for more support for staff in discussing CBT to increase both confidence and consistency.

Our change idea's and one example of a PDSA cycle

Change ideas:

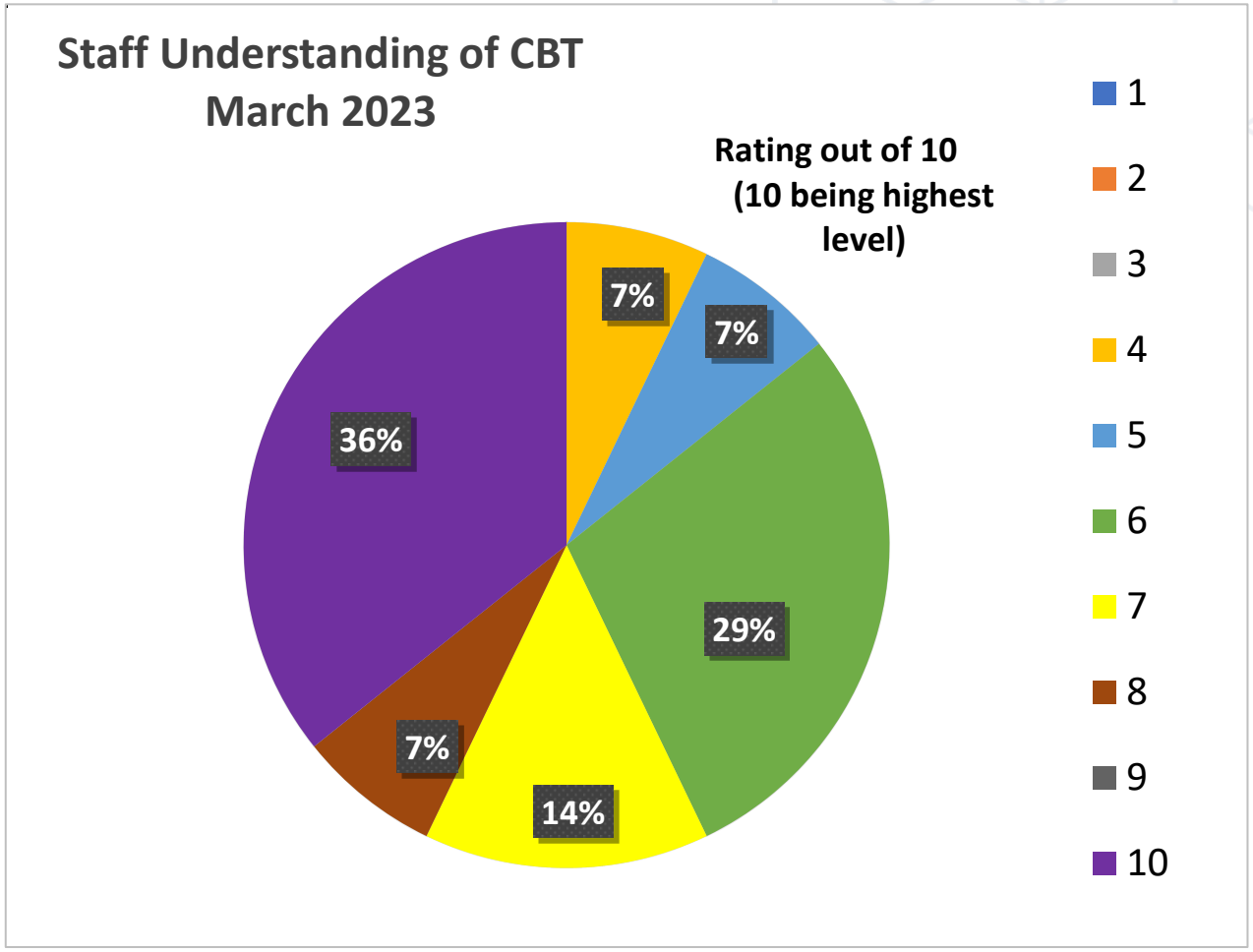
1. Group supervision session
2. Clinical Skills session for staff on CBT
3. Introductory visit by CBT therapist for new patients
4. Service User handout about CBT

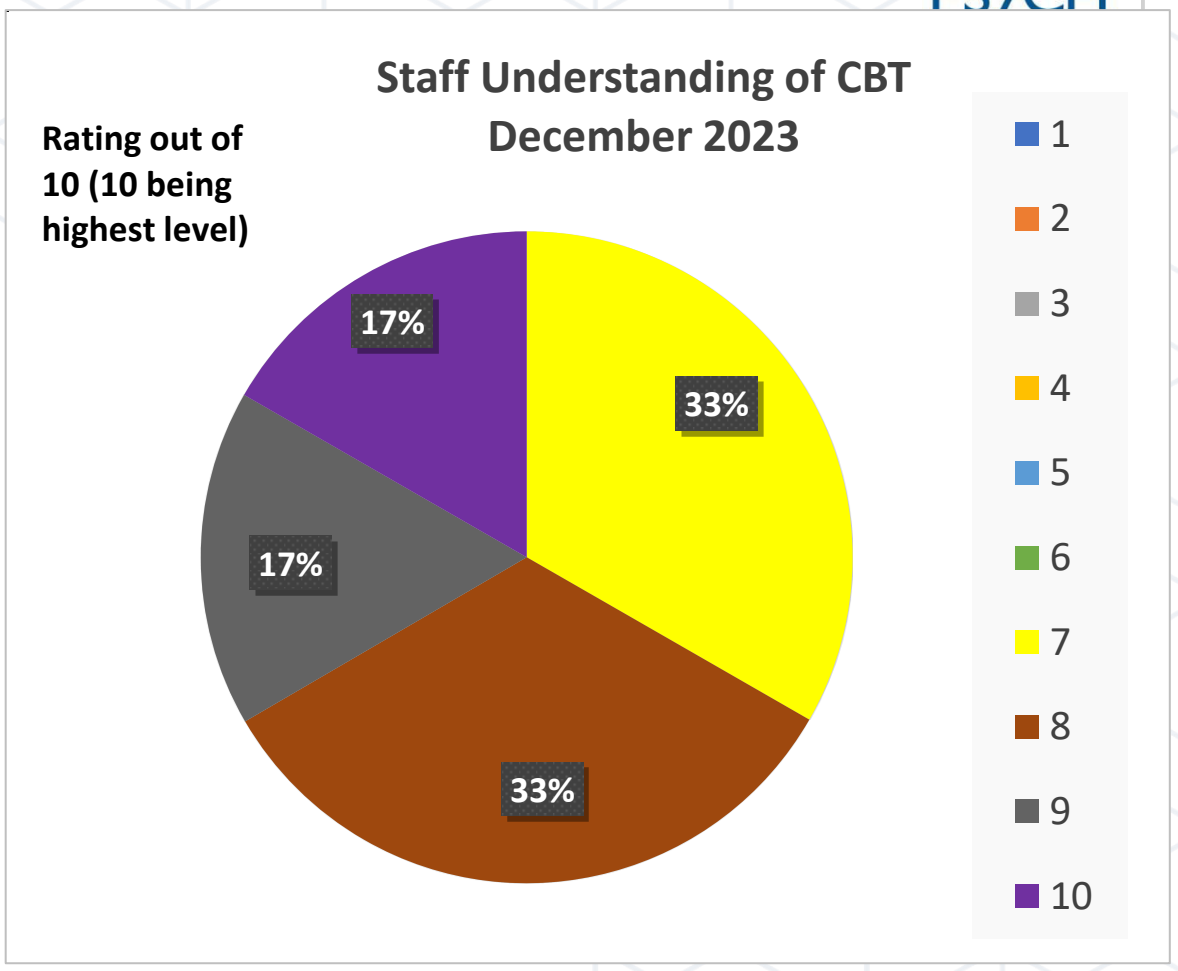
PDSA Cycle – Focussed on clinical skills session for staff. Outlined what CBT is, what is offered within the team, ways to discuss/introduce CBT, what other support the CBT team can offer.

The session was offered during a staff lunchtime and was also recorded for those who could not attend.

Feedback was positive and staff completed a follow up questionnaire using the same questions as initial questionnaire.

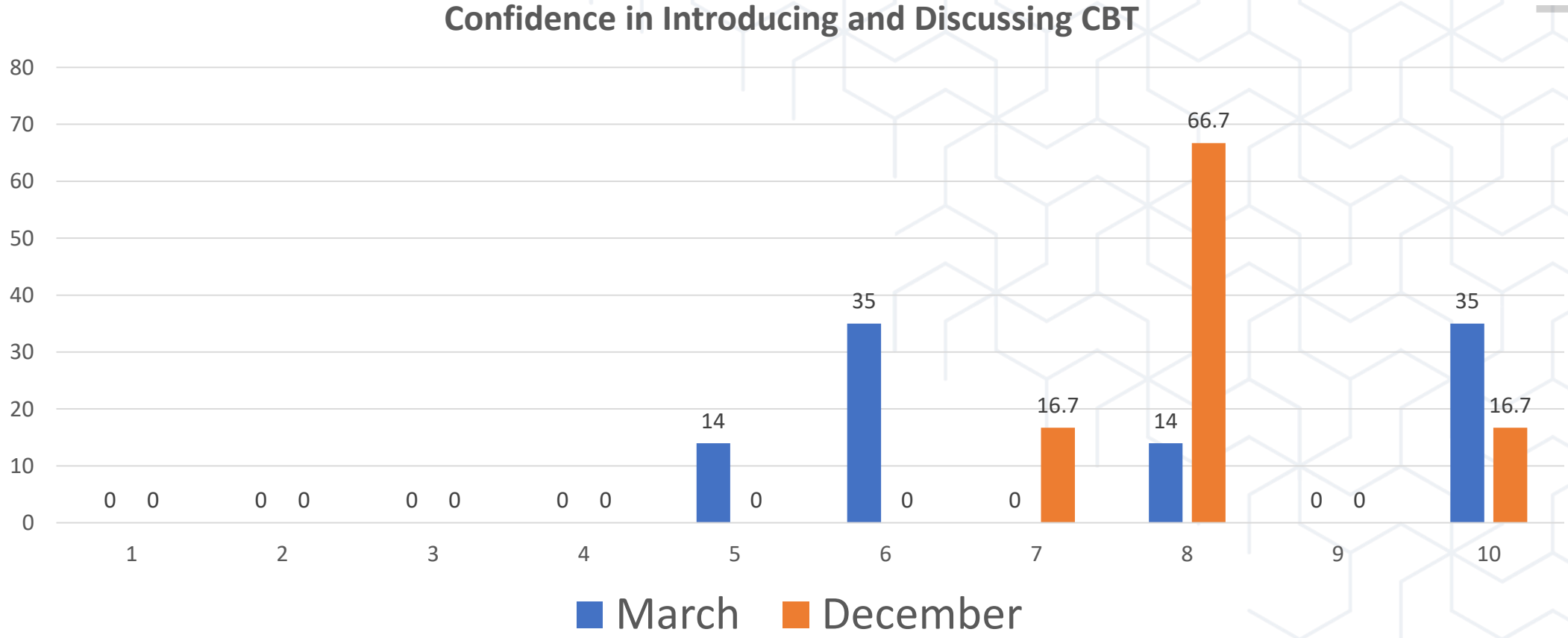
Staff survey results





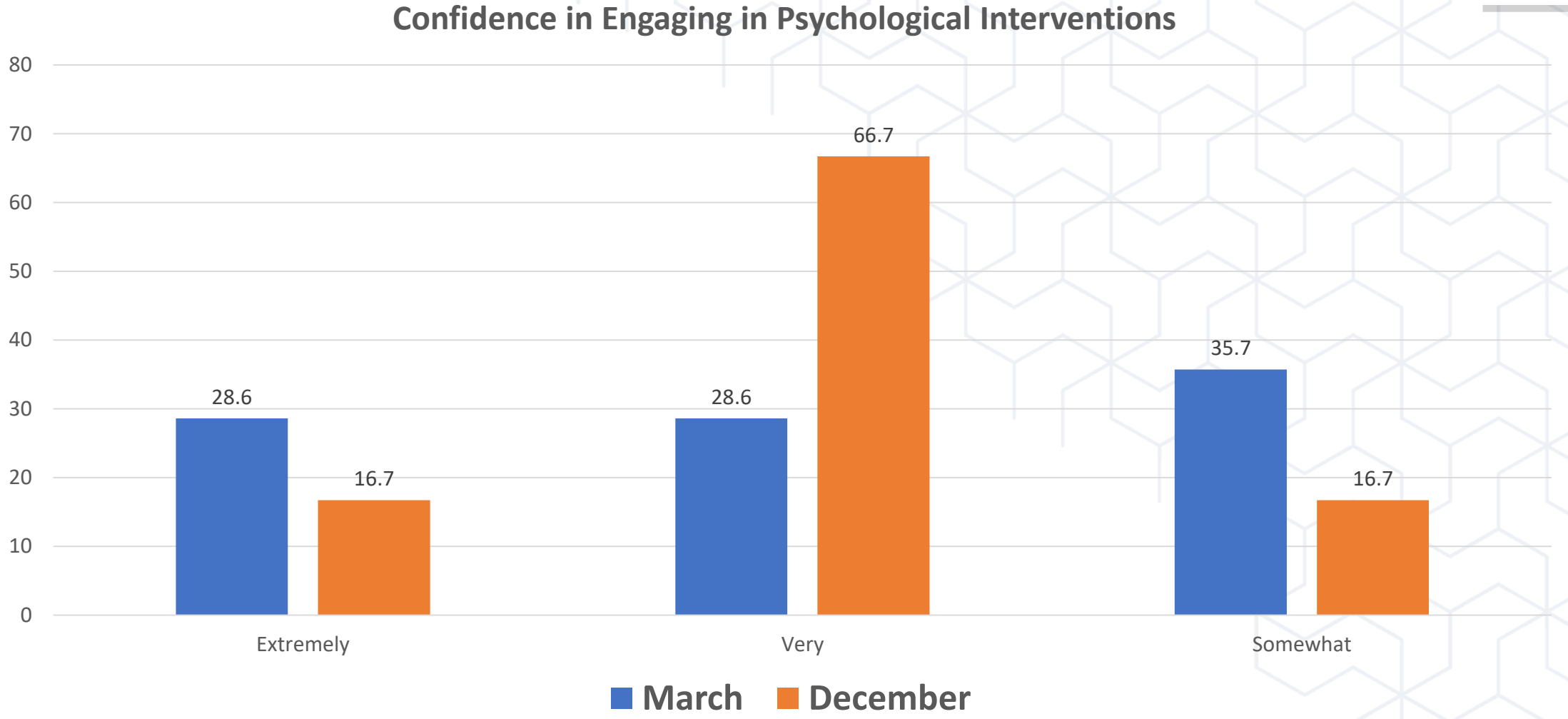
Understanding of CBT increased from 42% of staff scoring 8/10 or over in March to 67% of staff scoring 8/10 or over in December.

Staff survey results

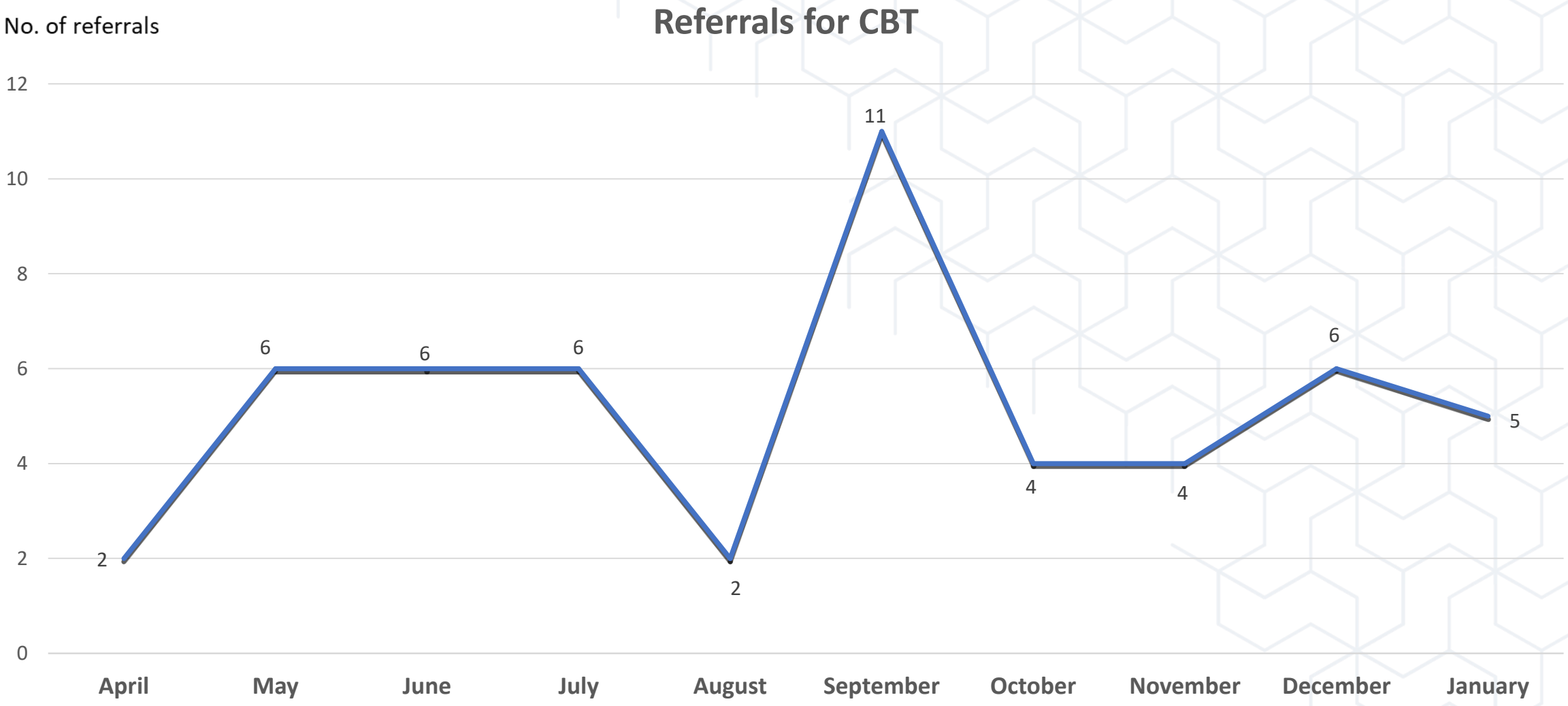


Confidence introducing and discussing CBT increased from 49% (in March – Blue) scoring 7/10 or over to 100% in December (orange).

Staff survey results



Our measures run chart



Reflections on the experience of being part of a national QI project

- A great learning experience and something that can be used for other areas within the service.
- Helped to identify an achievable goal for the team while also providing support for staff.
- There is better understanding within the team of CBT and how to discuss this with service users.

NCAPQI
Final shared learning session

Thursday 22nd of February 2024
13:00-16:00pm

Early Intervention in Psychosis Southampton

Our Aim

- Primary: To increase uptake of FI from 4% to 24% in EIP Southampton by January 2023, which we successfully achieved

- Secondary: To maintain the uptake of FI at 24% until March 2024

Our Team

Clinical

- Lauren Colgan* – Principal Clinical Psychologist
- Melanie Osafo*- EIP Trainee Clinical Psychologist
- Anita Olakowska* – EIP Carer's Worker
- Donatella Fontana* – EIP Support Time and Recovery Worker
- Genevieve Hughes – Psychosis Co-Lead and Counselling Psychologist
- Katy Harper – EIP Peer Worker
- Kerry Elliot – Trust EIP Service Manager
- Rebecca Jansen* – EIP Assistant Psychologist
- Vanya Kostadinova* – EIP Assistant Psychologist
- Sam Afari* – EIP CBT Therapist
- Stella Pareas – EIP Trainee Clinical Psychologist
- Stevie Campbell – EIP Nurse Practitioner and Care Coordinator

Our diagnostic work and conclusions

We created staff surveys to identify barriers to uptake of Family work applying research findings from recent literature

from the BPS Implementation guidelines for FI.

Survey results:

- Staff's lacked knowledge on the benefits of FI for clients and carers
- Staff's lacked confidence in making good effective offers of FI
- The highest rated barrier was a lack of training in FI – service delivery issue

Routine Data Audit using EIP Psychology Matrix spreadsheet which is a live document recording offers and uptake of FI.

- High rate of offers (50%) but low uptake of cases (4%)

A service-related research project investigating whether service user ethnicity affected rates of offers and uptake of FI

Conclusions:

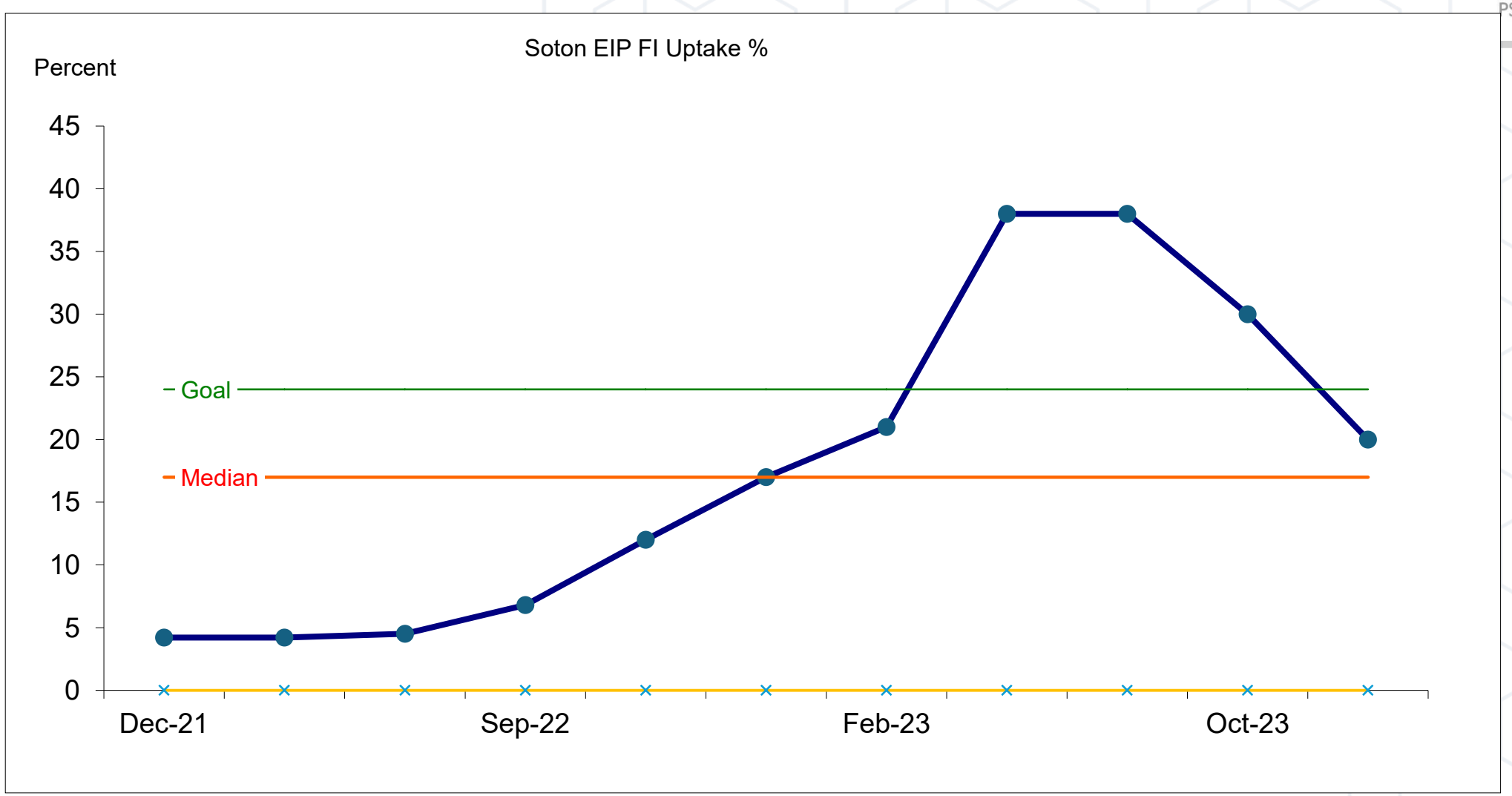
- Ethnicity was not a factor affecting the uptake of FI, but possible limitation was that the number of recorded cases was too small to show any significant power.

Our change idea's and one example of a PDSA cycle

PDSA Cycle 1: Knowledge of FI and Confidence in Making Offers (Jan 2022)

- **Plan**
  - Identified barriers:
    - Staff's lack of knowledge on the benefits of FI for clients and carers
    - Staff's lack of confidence in making good effective offers of FI
  - Solution:
    - Deliver teaching to staff on evidence base of FI and skills training on how to make effective offers of FI
- **Do**
  - Teaching delivered Jan 2022
- **Study**
  - Knowledge about benefits of FI improved by 19%
  - Confidence in making an offer improved by 25%
- **Act**
  - Staff identified need for more use of scenarios, complex case discussion and repetition of skills practice to increase and strengthen confidence in making effective offers
  - Continue practicing role plays of offers and engaging complex clients in FI supervision
  - Repeat making offers of FI teaching: repeat making offers of FI teaching every 6 month / when we have new starters in the team

Our measures run chart



Reflections on the experience of being part of a national QI project

- "*I found being part of the working group useful, you put carers and patients at the heart of everything you do. This project ensures that both patients and carers are receiving best quality of care. I found being part of the team very rewarding. It has given me an insight and understanding of Psychosis and importance of family involvement and make feel that, I am never alone. By being part of the project made feel that, I was helping and encouraging someone to engage with this supportive project*."
  Catherine Chipande, Feb 2024

- *"There is definitely a shift in culture, for once we talk about the benefits of FI during team meetings and I am seeing more and more staff offering it as part of the EIP package of care", Sally Egginton, Service Lead EIP Southampton, Jan 2024*

NCAPQI
Final shared learning session

Thursday 22nd of February 2024
13:00-16:00pm

Wolverhampton Early Intervention Service: At Risk Mental State Pathway

Our Aim

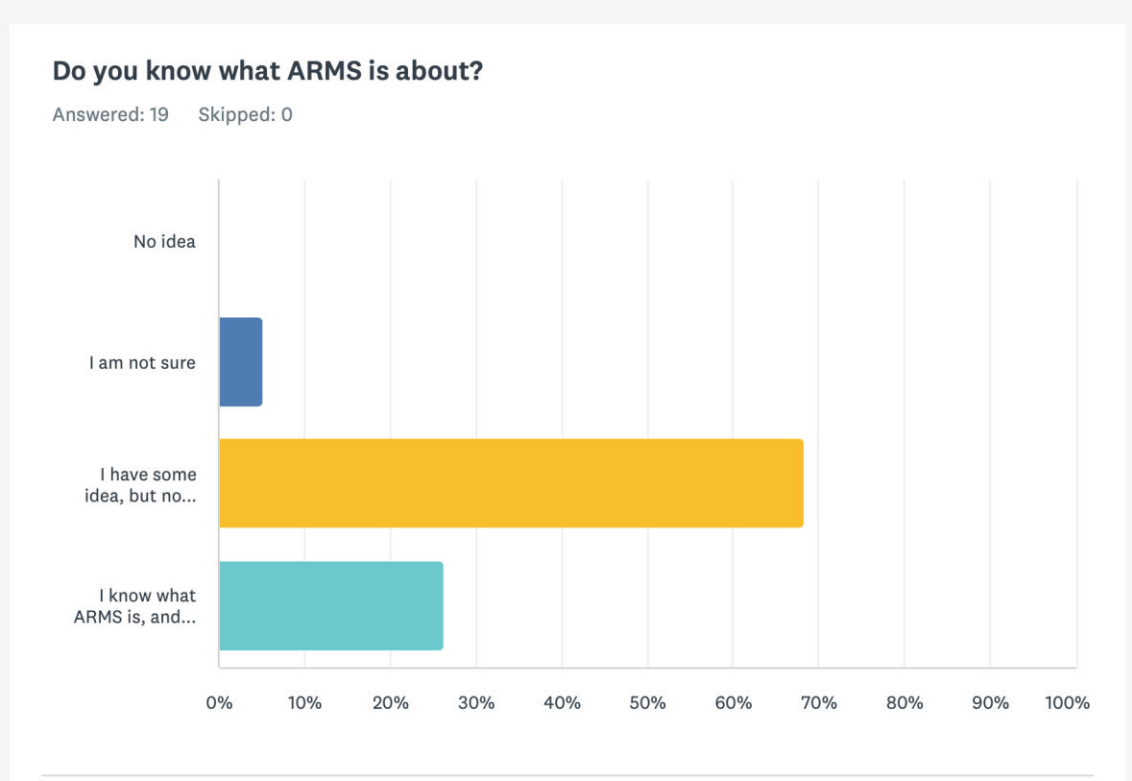
To increase the understanding of Early Intervention (EI) staff of identifying and working with ARMS presentations by 50% by February 2024

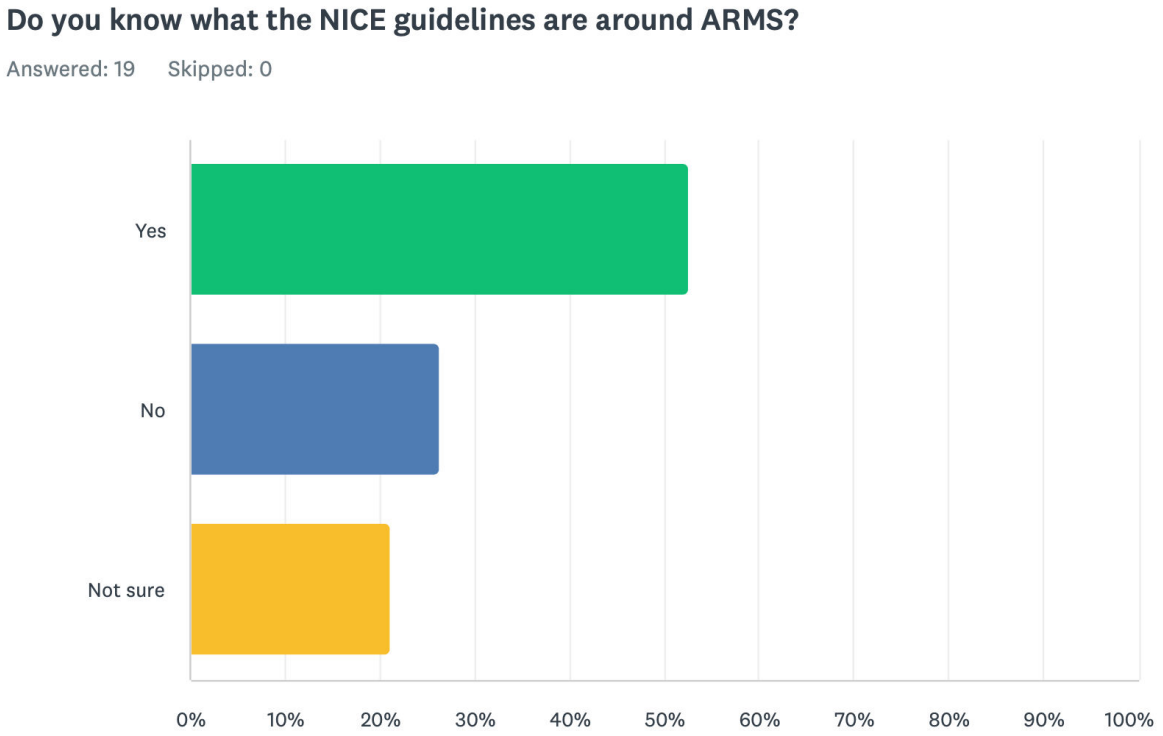
Our Team

- Georgina Luke, Operational Manager
- Laura Barney, Operational Manager
- Donna Haskayne, Consultant Clinical Psychologist
- Daniella Wickett, Clinical Psychologist
- Lived Experience Consultant Advisory Group

Our diagnostic work and conclusions

- Team baseline Survey regarding knowledge of ARMS



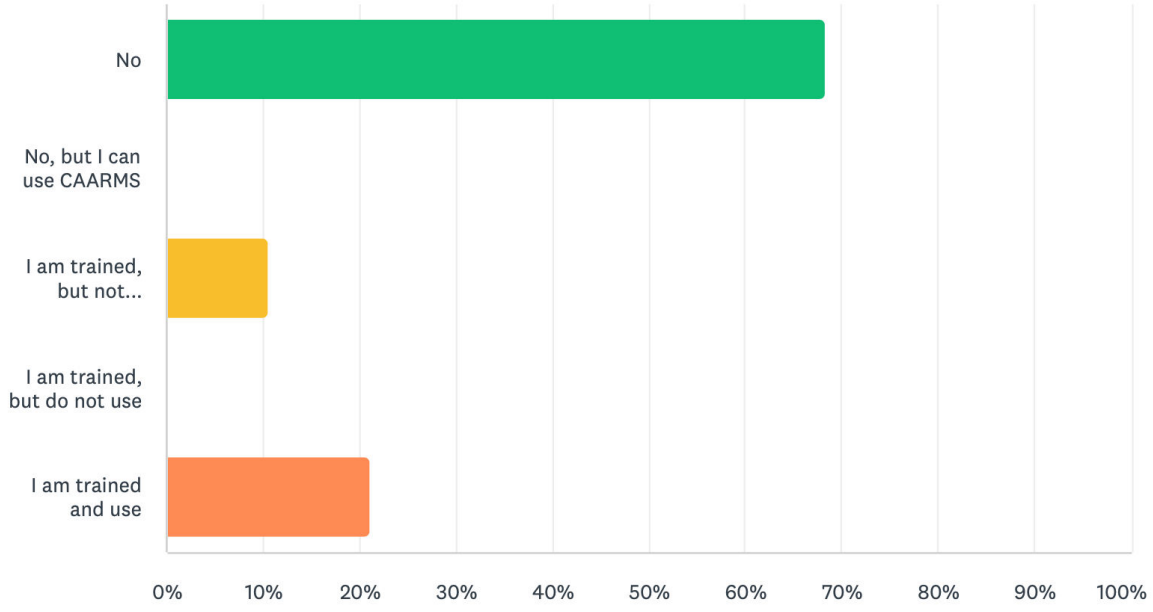


Our diagnostic work and conclusions

- Team Survey regarding understanding of ARMS

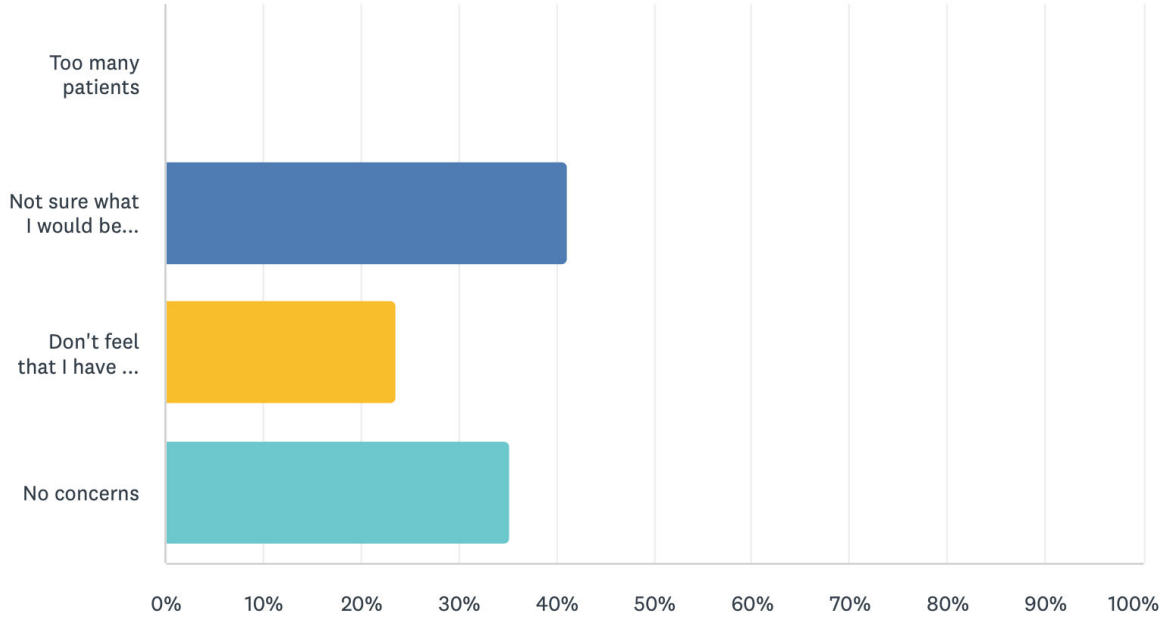
CAARMS- are you trained?

Answered: 19 Skipped: 0



What are your concerns about ARMS work

Answered: 17 Skipped: 2



Our diagnostic work and conclusions

Purpose of the audit:

- To identify how the current ARMS service uses to suit the needs of the community and offering NICE concordant care
- 15 ARMS cases were collated with clinical notes, activities and letters on Rio examined with specific data collected separately as requested, including physical health information, psychology, and BFT/ carer support.

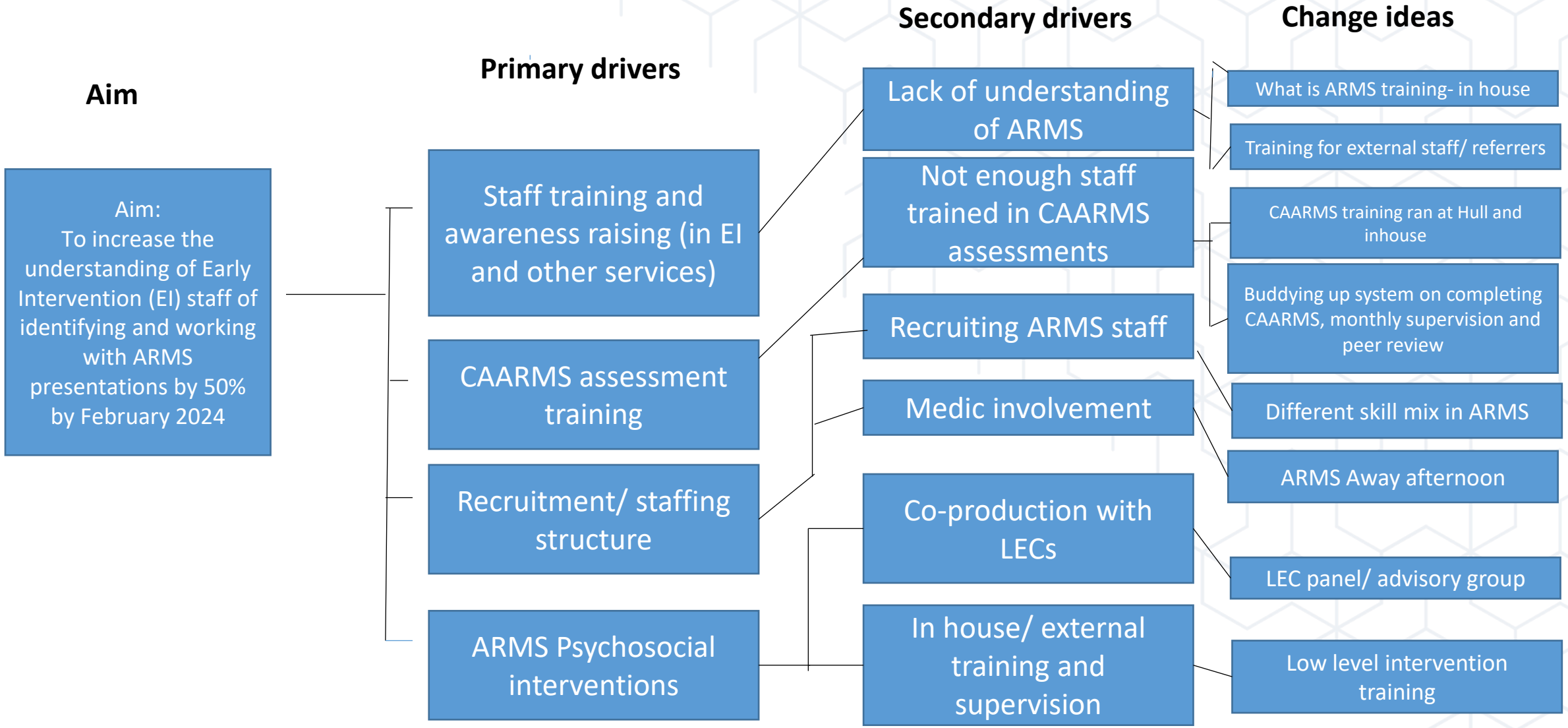
Our diagnostic work and conclusions

- ✓ ARMS pathway performing well against many of the standards, including physical health, psychology and ongoing assessment and psychiatric review, employment, and financial support.

- ☒ Duration of time on caseloads and use of the CAARMS and evidence of standardised measure of functioning when accepting patients onto the pathway has not been consistent.

Change idea: a standardised assessment could reduce waiting time for psychology, decreasing length of time on the waiting list.

Driver diagram

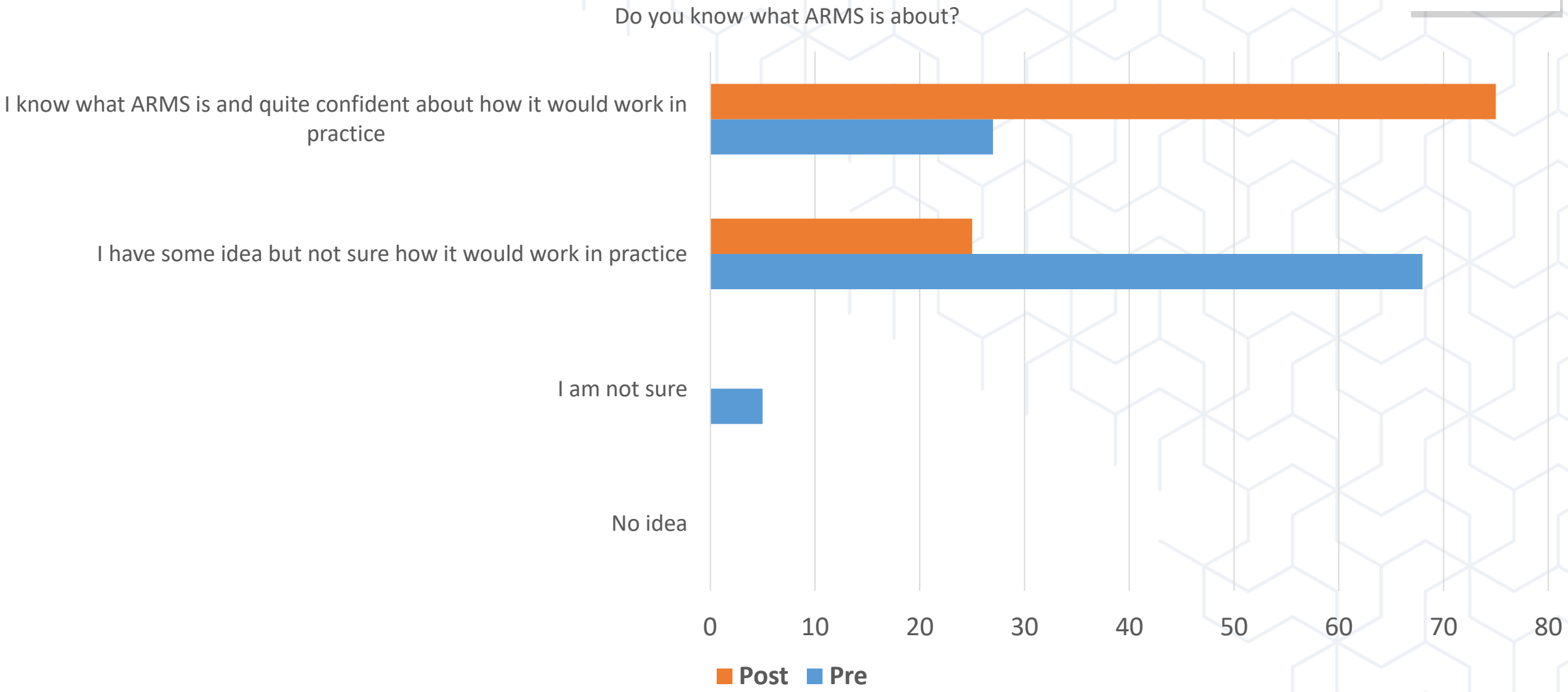


Our change ideas

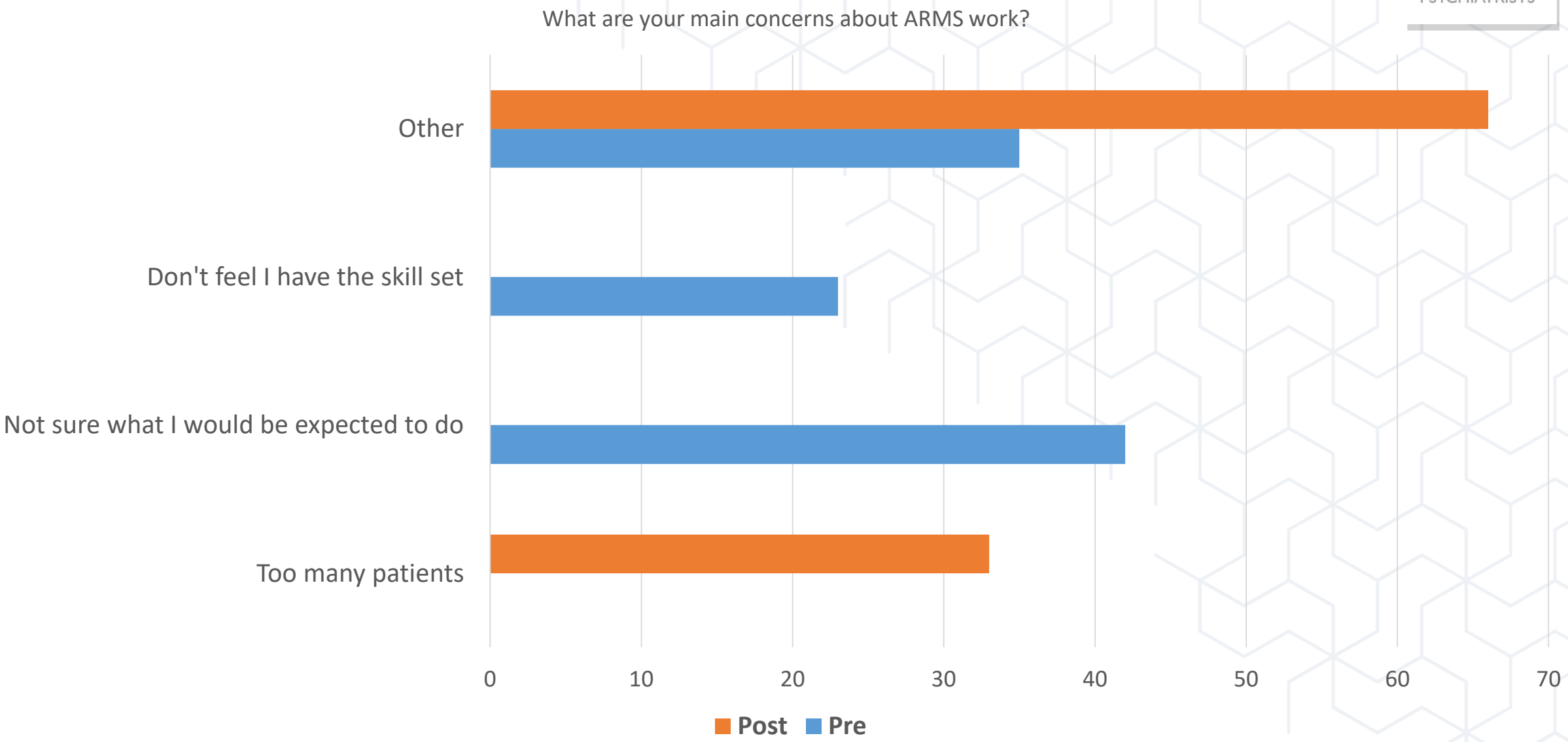
Aim: Increase awareness and understanding of ARMS

- What is ARMS? Discussion/ presentation and Q&A
- Circulate pathway document
- Gain access to CAARMS training
- Run inhouse training and supervision

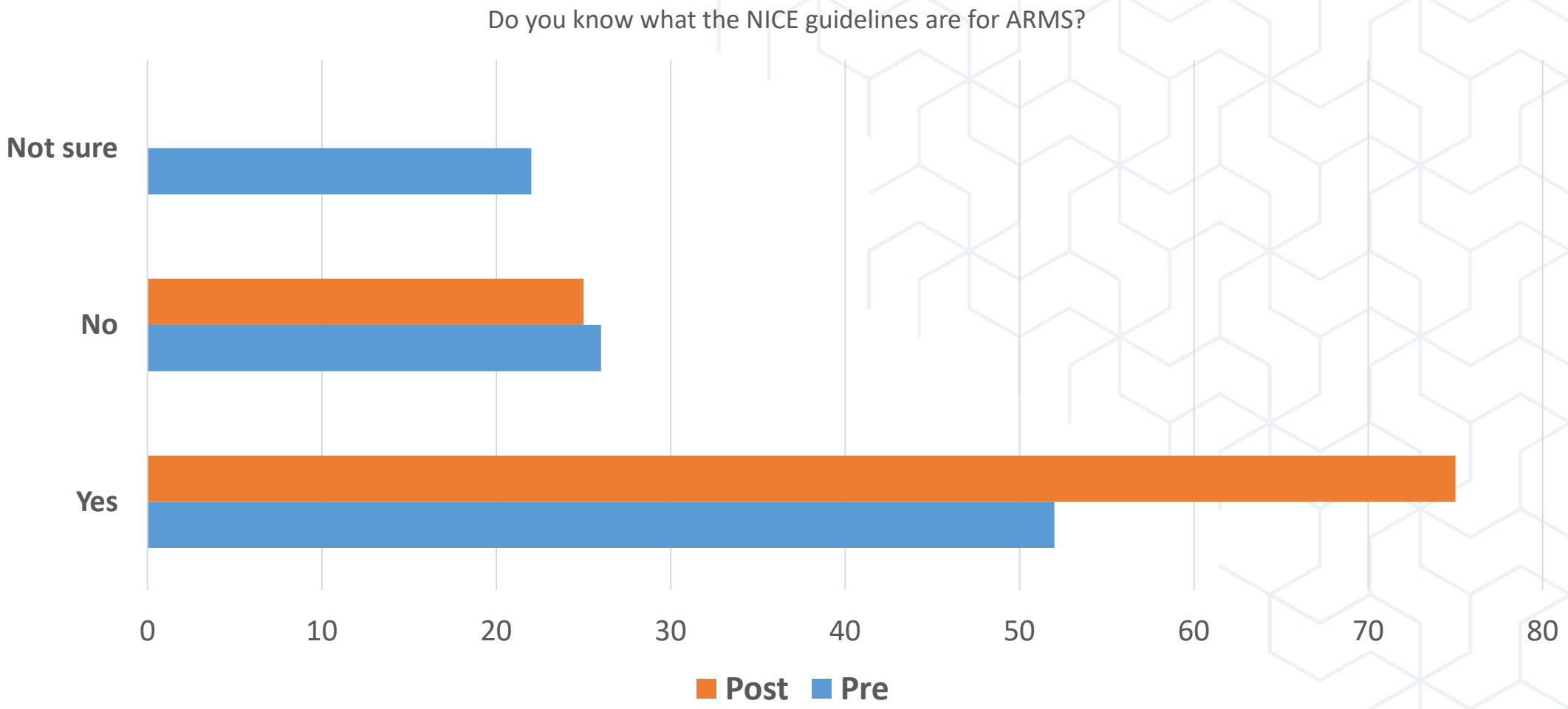
Qualitative data



Qualitative data



Qualitative data



Ongoing concerns

- Often complex cases with potential risk that can impact on care co-ordinators and managing their caseload
- That the wider team don't have enough understanding of ARMS - and they will not be worked with that much differently to FEP
- That persons with differential diagnosis eg, emerging personality disorder will be getting the wrong approach - which could negatively impact them, creating a dependency on services/care co

Timeline

Task	Dec 23	Jan 24	Feb 24	Mar 24	April – June 24
Team promotion					
RiO modification					
Recruitment					
Shared care agreements					
Awareness raising with referrers					
CAARMS training/ in house training					

Reflections on the experience of being part of a national QI project

What's gone well/ progress:

- Good uptake of in-house training and external training for CAARMS assessment
- 'What is psychosis training' to external services received well
- Increase in understanding and knowledge of ARMS
- Recruited ARMS care coordinators, Band 7/8a psychologist
- Away afternoon for ARMS, including learning from other ARMS services, developing the ARMS pathway and troubleshooting potential issues

Areas of ongoing development

- What the medic role might look like?
- Recruitment and start dates for psychology posts
- Team uncertainty
- Change in culture, including use of CAARMS, embracing diagnostic uncertainty
- Links with CAMHS

Key learning and new directions

- Increased understanding of ARMS and separating out extended assessments
- CAARMS training being rolled out
- Plan for training on low level psychological interventions for ARMS
- Increased Lived Experience Consultant involvement
- Soft launch- phased roll out of ARMS

NCAPQI
Final shared learning session

Thursday 22nd of February 2024
13:00-16:00pm

Newham Early Intervention for Psychosis Service

Appleby Health Centre, 63 Appleby Road, Canning Town, London, E16 1LQ

Our Aim

- To increase the uptake of family intervention (FI) within the Newham Early Intervention for Psychosis Service from 0.5% to 16% in 12 months (by April 2024)

Our Team

- Team Composition: Consultant Psychiatrist (project lead), Operational Team Lead (Sponsor), Principal Clinical Psychologist, senior CBT therapist, Assistant Psychologist, FI lead worker, Clinical leads (x2), SpR doctor, FY1 doctor, Admin support

- Service user involvement: 1 service user

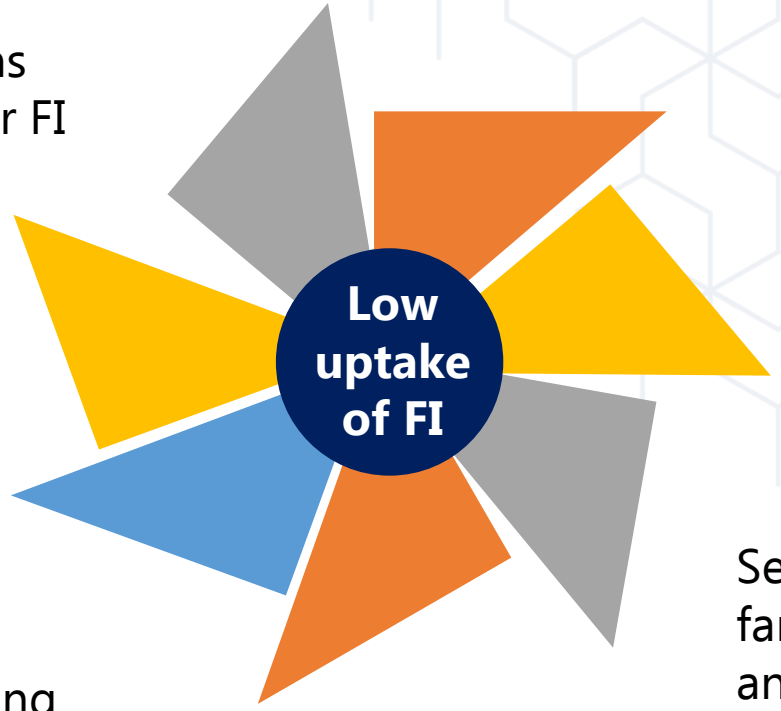
- Frequency of meetings: monthly hybrid meeting, on the last Thursday of each month in the QI project lead office with option for staff to attend virtually via MS Teams

Our diagnostic work and conclusions - 1

Other interventions are prioritised over FI

Lack of protected staff time to deliver FI

Staff don't feel confident delivering the intervention



Insufficient staffing levels to support FI co-working

Service users don't know what it is

Service users do not want family involved in their care and prefer 1:1 interventions

FI may require evening working

Staff are not confident in explaining what FI involves

Our diagnostic work and conclusions - 2

Quantitative data:

- NCAP data
- Number of service user's being offered FI
- Number declining
- Number of cancellations
- Number of missed appointments

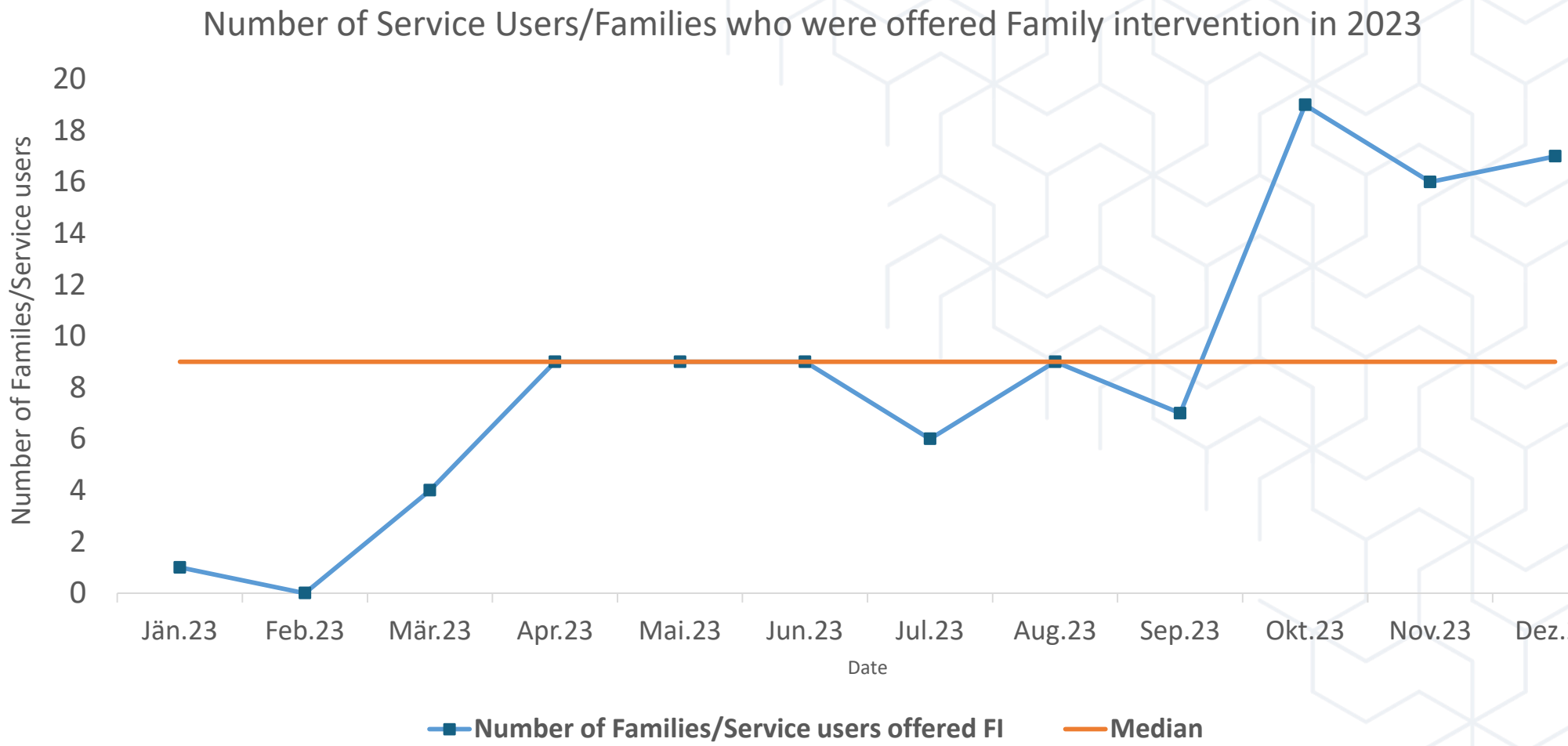
Qualitative data:

- Complaints
- Service users surveys

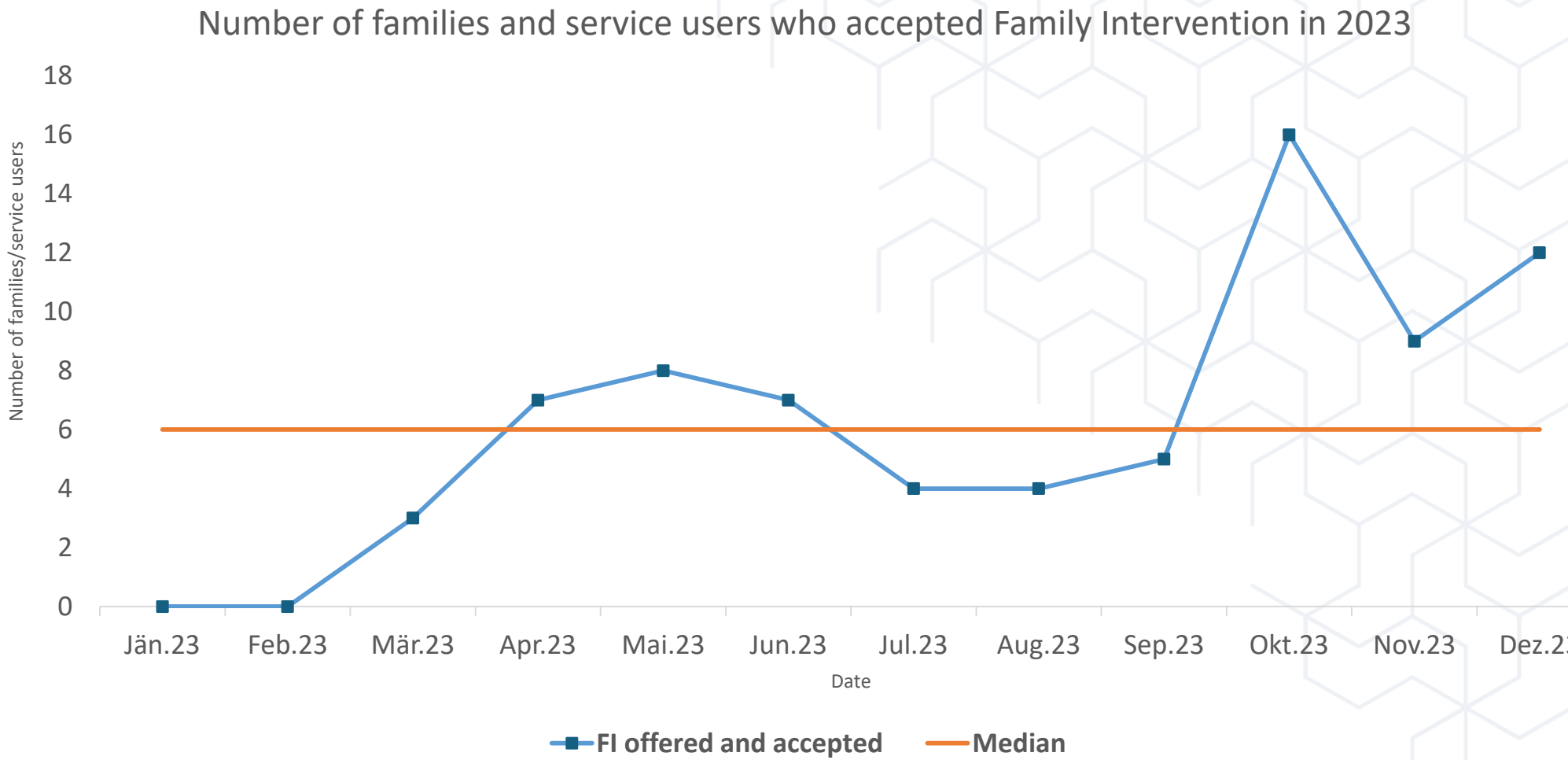
Our change idea's and one example of a PDSA cycle

- FI training for selected staff
- FI regular supervision
- FI introduction session for all staff (x2)
- Recruitment of FI lead worker
- Regular advance room booking
- Flexible working, including virtual sessions or sessions at client's home (with pre-session risk assessment)
- New structure of psychology team (led by new Psychology Lead)
- Focus groups to review and create new policies (such as DNA policy)

Our measures run chart - 1



Our measures run chart - 2



Reflections on the experience of being part of a national QI project

- Many families declined FI. Existing challenge of offering FI in a consistent and effective manner to all patients – regular teaching session for all staff might be introduced
- Still not enough staff trained and families are on waiting list - some staff members are currently attending FI course led by King's College
- Competitive demands of care co-ordination for staff taking up FI role - this is being regularly monitored by clinical leads and operational team lead
- Collecting and analysing data in a consistent and reliable manner - meeting regularly every month FY doctor input have been helpful
- Support and advice from Maureen as QI coach has been invaluable

NCAPQI
Final shared learning session

Thursday 22nd of February 2024
13:00-16:00pm

Sandwell Early Intervention in Psychosis Team

Our Aim

- Increased proportion of families on **total caseload** taking up family interventions (FI), to reach 24%.

- Increased proportion of **NCAP eligible families** taking up family interventions, to reach 24% - level 4.

- Baseline data: 2023 NCAP audit

  Proportion of **NCAP eligible families** taking up family interventions, 11.8% - Level 2

Our Team

QI Team:
Laura Barney – Operational Manager
Emma Silverstone – Clinical Lead
Michael Lewis – Sandwell EIP Family Work Lead Nurse
Jonathan Goold – Family work Service Lead. (May – November 2023)

Sandwell Early Intervention in Psychosis:
Full MDT, monthly group supervision.

Lived Experience Consultants:
-Parent of one of our service users, one off consultation
-Service User Focus Group
-Community Engagement Day – one off event, service users invited to learn about the team and give feedback

Our diagnostic work

- QI Questionnaire - Sandwell - Responses | SurveyMonkey
- Sandwell staff questionnaire – clinical staff
- Electronic survey – no responses
- Paper survey delivered to team during MDT to complete anonymously and post in box – 15 responses

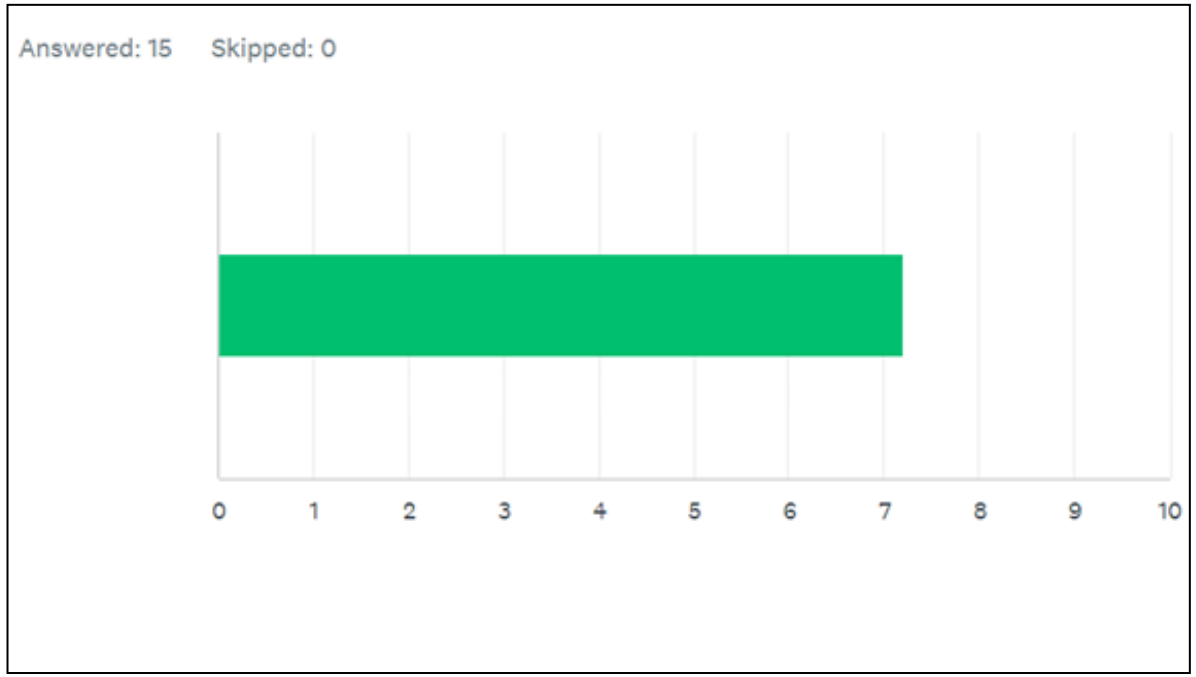
Our diagnostic work

Anonymous staff survey (15 respondents) – *visual charts can be seen on the next 3 slides*

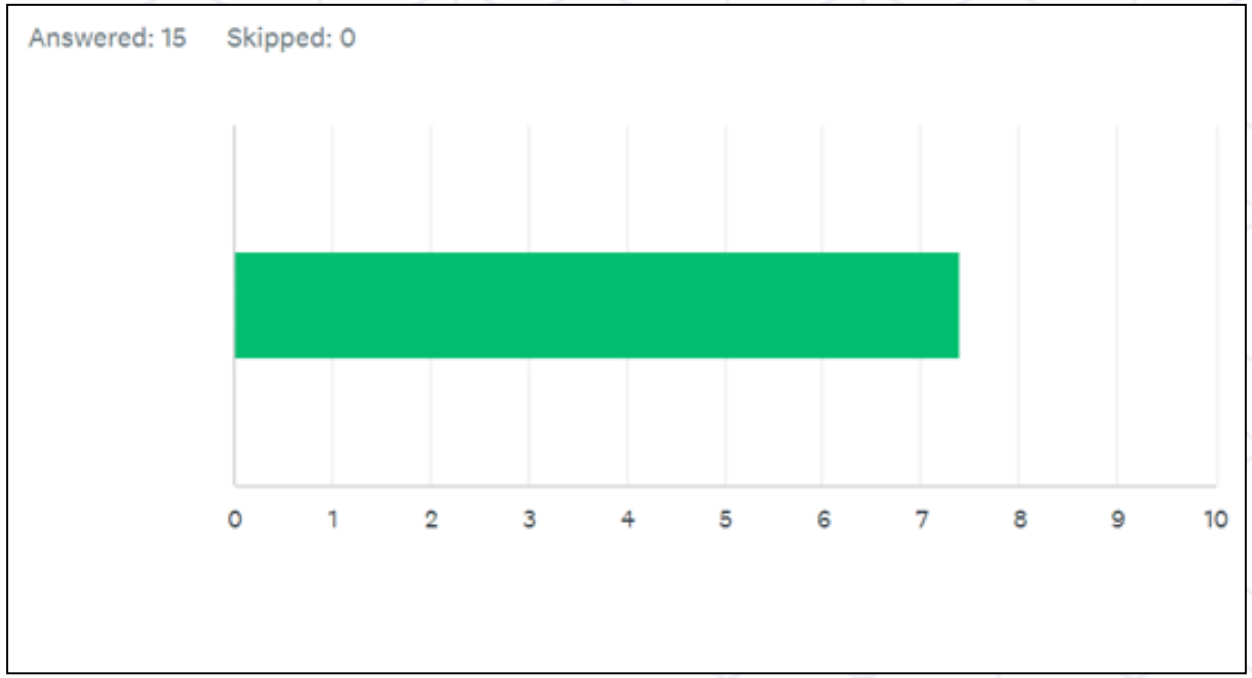
- How confident do you feel to talk to families about the benefits of family work? (m = 7.3)
- How confident do you feel about offering carer support? (m = 7.3)
- How confident are you feeling about delivering family work? (m = 5.6)
- How skilled do you feel to deliver family work? (m = 6)
- How important do you feel family work is in the recovery of our service users? (m = 9.5)
- How many families have you worked with? (5 said ‘0’, remainder ranged between ‘doing first’ and ‘10’)

Our Diagnostic Work

Q1. How confident do you feel to talk to families about the benefits of family work? (m = 7.3)

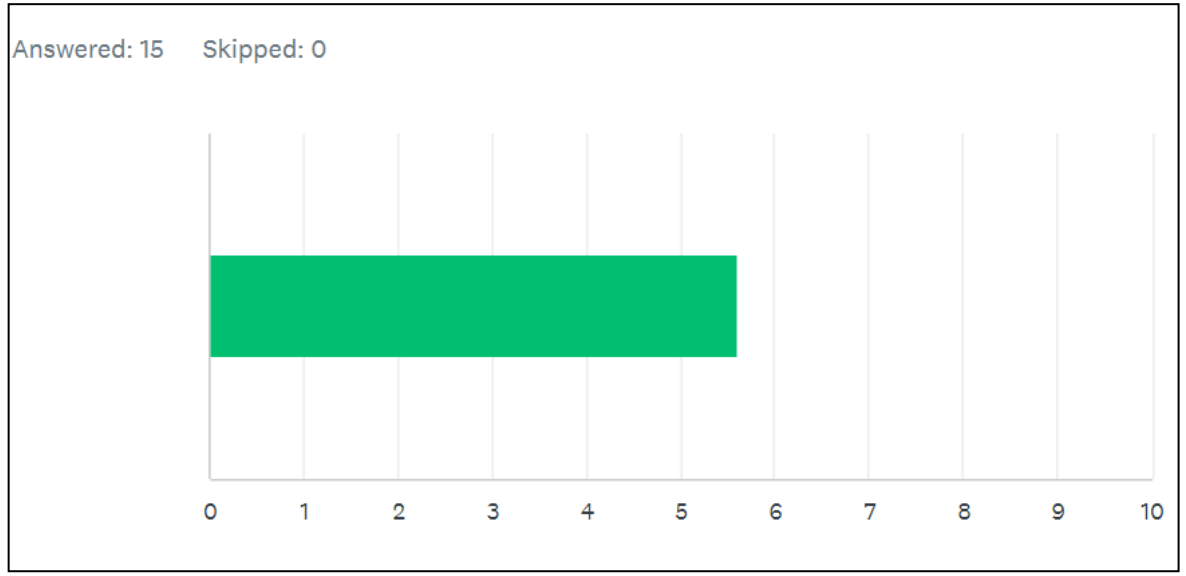


Q2. How confident do you feel about offering carer support? (m = 7.3)

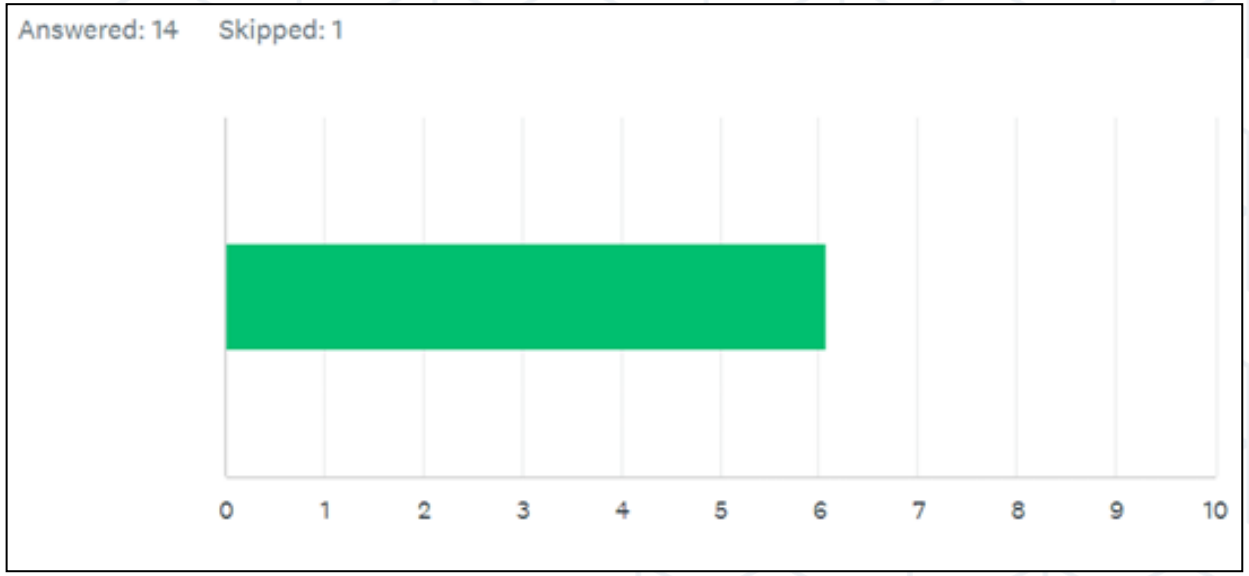


Our Diagnostic Work

Q3. How confident are you feeling about delivering family work? (m = 5.6)

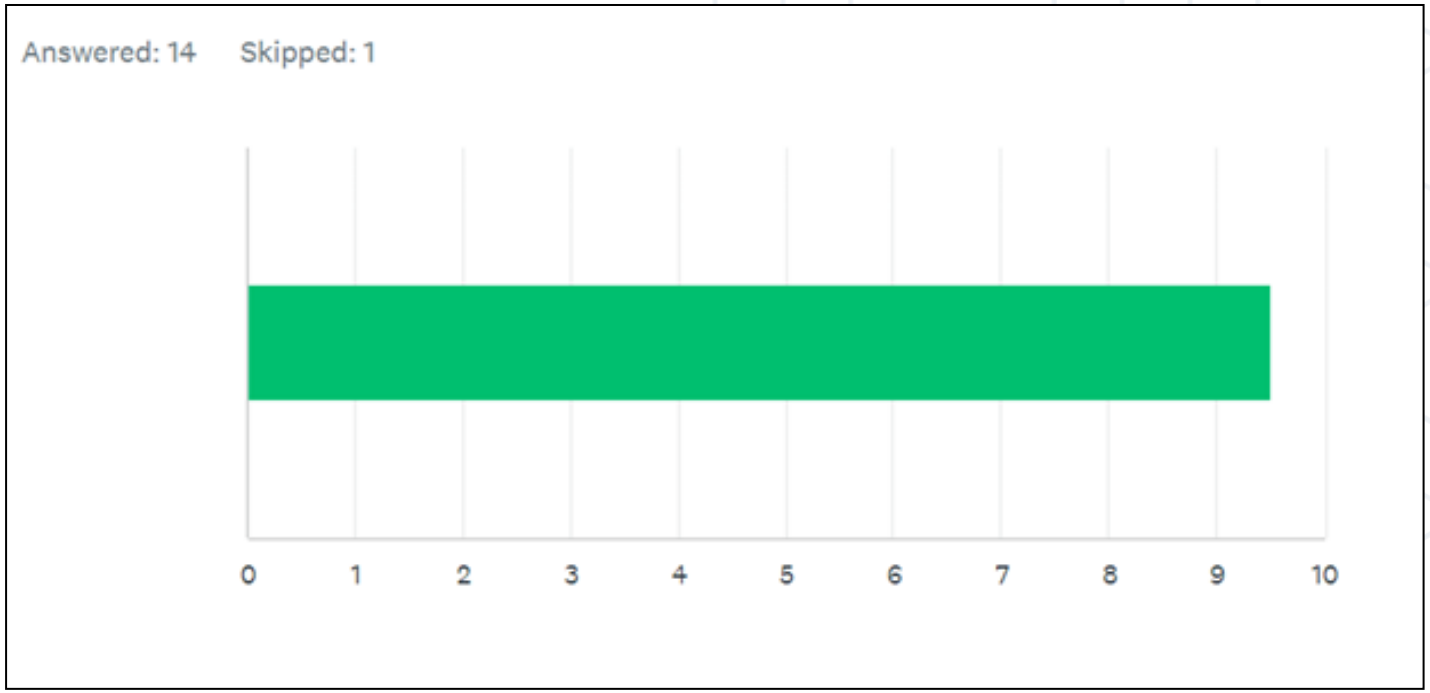


Q4. How skilled do you feel to deliver family work? (m = 6)



Our Diagnostic Work

Q5. How important do you feel family work is in the recovery of our service users? (m = 9.5)



Q6. How many families have you worked with? (5 said ‘0’, remainder ranged between ‘doing first’ and ‘10’)

Our diagnostic work

What help or support do you need in order to provide family work?

- Further training
- Continue BFT Supervision Study days
- Refresher Module I guess could work
- Encouragement and someone telling me which families to see The things which are in place help - like the BFT supervisions
- BFT supervisions (which we have already)
- Time

Our diagnostic work

QUALITATIVE DATA

What experience do you have working with families / Are you trained to deliver family work?

13/15 respondents had completed or were in the process of formal FI training.

Those 2/15 untrained were currently shadowing someone delivering FI.

2/15 are in process of completing formal FI training through HEE course and were already working with a family.

All staff have experience in some way of working with families with majority being familiar or trained in FI.

- **4 of the 11 trained staff had not delivered FI to any families since training.**

Our diagnostic work

QUALITATIVE DATA

- **What are your strengths?:**
  13/15 staff felt they had strength in working with families (2 did not respond)

- **What would you like to improve?** (13/15 responded)

  Further training : Updates, one offs, refresher or regular x 9
  Confidence - 3
  Knowledge & Skills - 3
  Engagement - 3
  More experience

Our diagnostic work

Staff perceived unsuitability for delivering FI

- Not wanting to engage or not giving consent – 8
- Safeguarding and/or domestic violence – x 7
- “Families stop and start”
  Someone actively psychotic,
  Language barriers,
  High expressed emotion in the family.

Our diagnostic work

What are the barriers that make it difficult to deliver family work?

ANSWER CHOICES	RESPONSES	
Not enough time	66.67%	6
Case load pressure	66.67%	6
Doubts about what family work can achieve	0.00%	0
N/A	0.00%	0
Total Respondents: 9		

Our diagnostic work

Expert by Experience (EBE) Consultants - Initial qualitative data.

Focus group to review opinion and accessibility of current information leaflet for FI
Current information leaflet to be "too wordy… clinical… not inviting… poor use of language with 'behavioural family therapy'… boring" and focus group have supported in development of new leaflet to be rolled out.

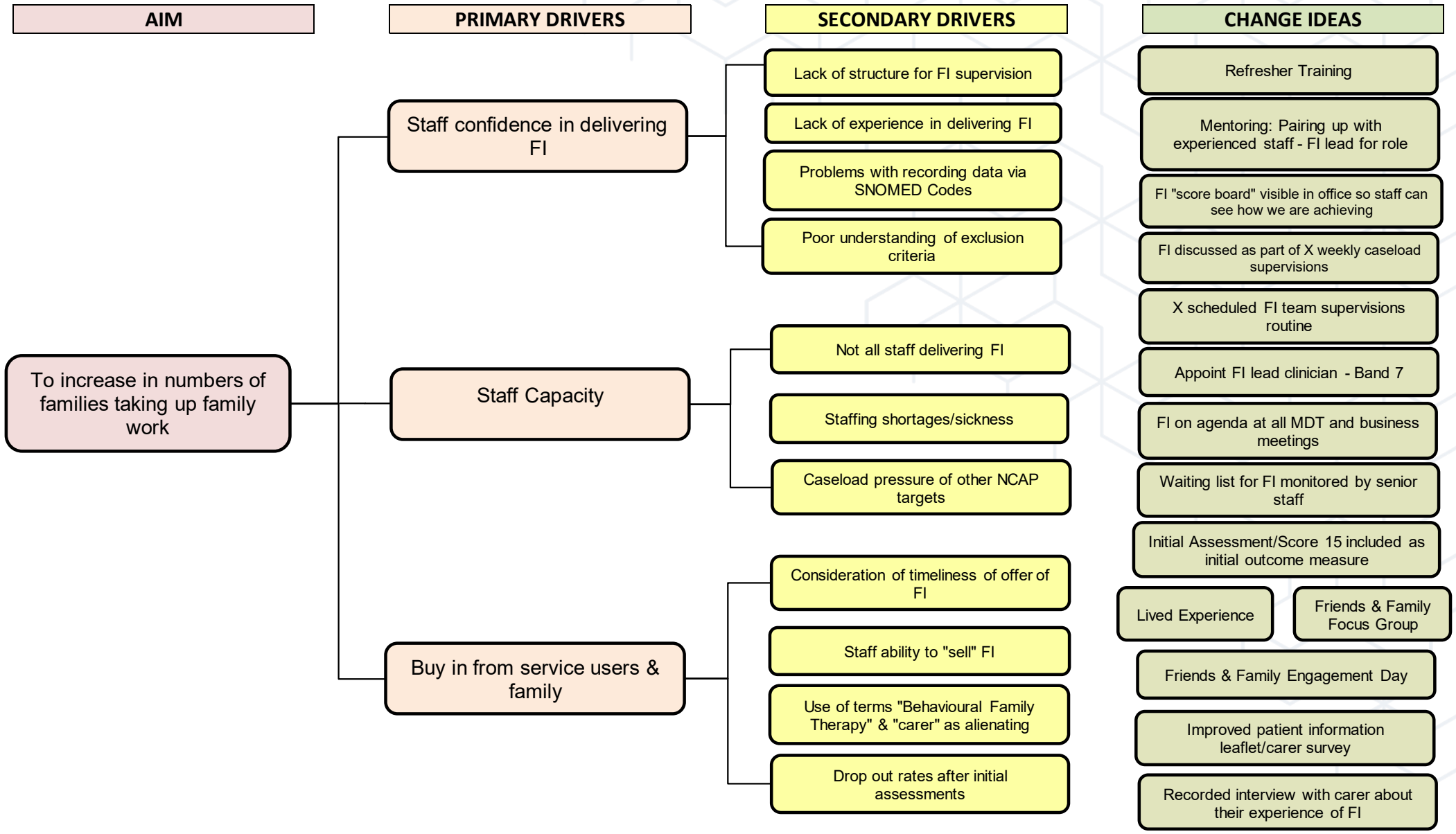
Community engagement day
Well attended by service users and family, had FI stall where people could ask questions, lots of questions asked throughout. Attendees asked about formal information sessions for friends and families. Also well attended by staff, who were able to see service users and families in different setting.

Support of EBE to develop family and friends survey to roll out to Sandwell EIP caseload.
Parent has spent several sessions with clinician, talking about terminology used, not identifying with term "carer" when talking about her own family, the type of questions it is important to ask, the importance placed on peer support and being acknowledged as an expert in her own family.

What have we learnt from our diagnostics?

- Team place high value on importance of family work in service users recovery 9.5 / 10
- Disconnect from how FI is valued as important tool – and the low uptake throughout our caseload.
- Most notable barrier appears to be staff perception of their ability, confidence, experience: identified points for improvement mostly recap or refresher training sessions.
- Brief review of impact of a single refresher session appears to show attendees increased confidence and knowledge. What would these look like in practice?

What have we learnt from our diagnostics?



Current Data and diagnostics

- 164 caseload service users on 1st Feb 2024 = 28 families had or currently having FI = 17.1%

- 102 NCAP eligible service users on 1st Feb 2024 = 20 families had or currently having FI = 19.6%. **Level 3**

- Recording problems noted re SNOMED codes not being used reliably.
  -Data had to be manually extracted and checked via clinical notes.
  -Query accuracy of SNOMED code for offered and declined FI.
  -Training session for SNOMED codes held in July 2023 but data for prior to this less reliable.

Our change Ideas

- **Appointment of dedicated FI lead:** unfortunately, postholder was only in post for 6 months. Now being readvertised as a substantive post.

- **Team FI supervision**: We currently run monthly sessions to discuss current cases, make referrals and allocate cases (blocked out into each clinician diary). **Our learning:** Supervision is well attended regularly. We could test ways of making these sessions more effective (currently one hour discussing progress on FI cases only).

- **Refresher Day Session: O**ffered pan trust to ascertain impact on attendees knowledge and confidence levels. *Before and After* Ratings can be seen on next slide.

Our change Ideas

Refresher Day Session: *Before and after ratings*

Our change Ideas

- **Shadowing:** the Team has been given opportunities to shadow more experienced team members, however, they remain apprehensive about delivering sessions without a clinician they perceive as “expert”. **Our learning:** We could test ways of making shadowing/mentoring more effective way.

- **Expert by experience involvement:** Service users and their families want support – those who attended the engagement day were not on FI radar. **Our learning:** The terminology we use is important and we should consider the impact of this e.g. we are trying to drop terms such as “carer” and “BFT” from language used, as part of a culture shift.

What is next?

Position for FI service lead for Black Country Healthcare Foundation Trust is shortly going to advert

Use diagnostics and data to inform interview questions and expectations of the role.

What will post holder need to achieve:

- Increase in uptake of FI
- Increase in BAME families uptake of FI
- Improve confidence in staff ability to “sell” FI to families.
- Improve confidence in staff ability to deliver FI independently.
- Regular recap /practice / refresher sessions.
- Effective FI supervision sessions.
- FI outcome measures being recorded.
- Implementation of family and friends group / information sessions.

Reflections on the experience of being part of a national QI project

- Quote from one of our service users, a reminder of why we are trying to improve uptake of family interventions in our team:

- *“" The main thing it did for me was help me feel that people were on my side and feel more confident with the future”*