ARE NEW REFERRALS TO EIS ASSESSED QUICKLY ENOUGH? – A QUALITY IMPROVEMENT PROJECT

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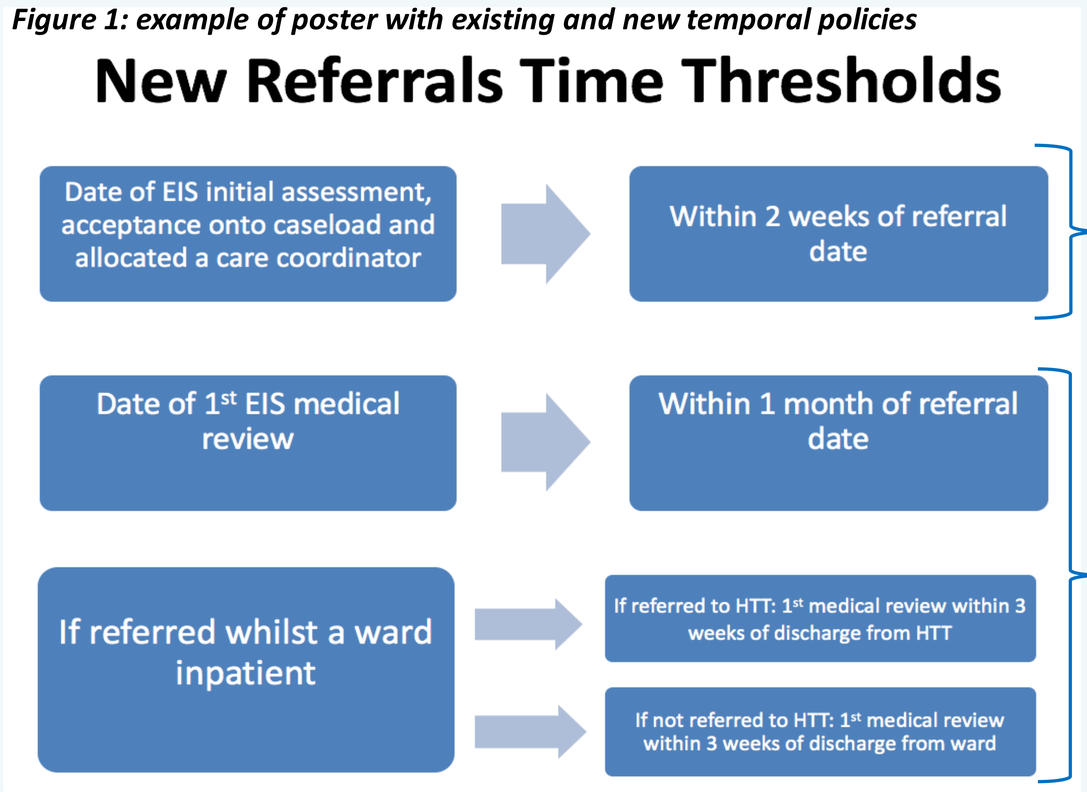
INTRODUCTION

- For patients with first episode psychosis, getting access to appropriate care efficiently is essential for optimising treatment and the long term prognosis
- As per NHS England/NICE standards, 60% of referrals to EIS should have an initial assessment, acceptance onto the caseload and allocation of a care coordinator within 2 weeks of the initial referral date to ensure this (1)
- There is however no national advice on how quickly patients should be seen for a medical review
- We therefore implemented a new temporal policy for medical reviews where patients should be seen within a month of referral. However, if referred from a ward, they should have a medical review within 3 weeks of discharge from the ward/home treatment team (HTT). This was to allow for the fact that de novo patients may require a longer period of assessment
- These changes were implemented within our local EIS team through presentation at our weekly team meeting, and distribution of posters (figure 1) around the office and via email

Figure 1: example of poster with existing and new temporal policies



METHODS

- We conducted two audit cycles assessing the time taken for initial assessments and medical reviews
- For the first cycle, we calculated the time taken between referral and initial assessment/acceptance onto caseload, and referral and medical review
- 20 accepted patient referrals were assessed over a 6 month period
- Following the first cycle, the intervention in figure 1 was introduced

- For the second cycle, we again calculated the time between referral and initial assessment. We also calculated the proportion of medical reviews that met the new temporal policy we had introduced
- 14 accepted patient referrals were assessed over a 3 month period

AIMS

- To determine if our intervention improved the proportion of patients meeting the standard for initial assessments
- To determine the proportion of patients meeting the new temporal policy for medical reviews

RESULTS

Initial Assessments

- Following our intervention, the proportion of patients who met the standard increased from 75% to 100% (figure 2)
  - From the first audit cycle, 25% of referrals did not meet the standard of 2 weeks (5% non-attendance; 5% admittance to a ward; 15% other reason)

Medical Reviews

- For our first audit cycle, the average number of days between referral and medical review was 40 (mean) and 29 (median). Range was 3 to 106 days
  - 40% had medical reviews more than 35 days after referral (5% non-attendance; 15% admittance to ward; 20% other reason).
  - 5% were lost to follow up

- Following our intervention, our second cycle showed:
  - 57% of medical reviews met our new temporal thresholds (figure 3)
  - 43% did not meet the thresholds (14% non-attendance; 29% other reason)

Figure 2

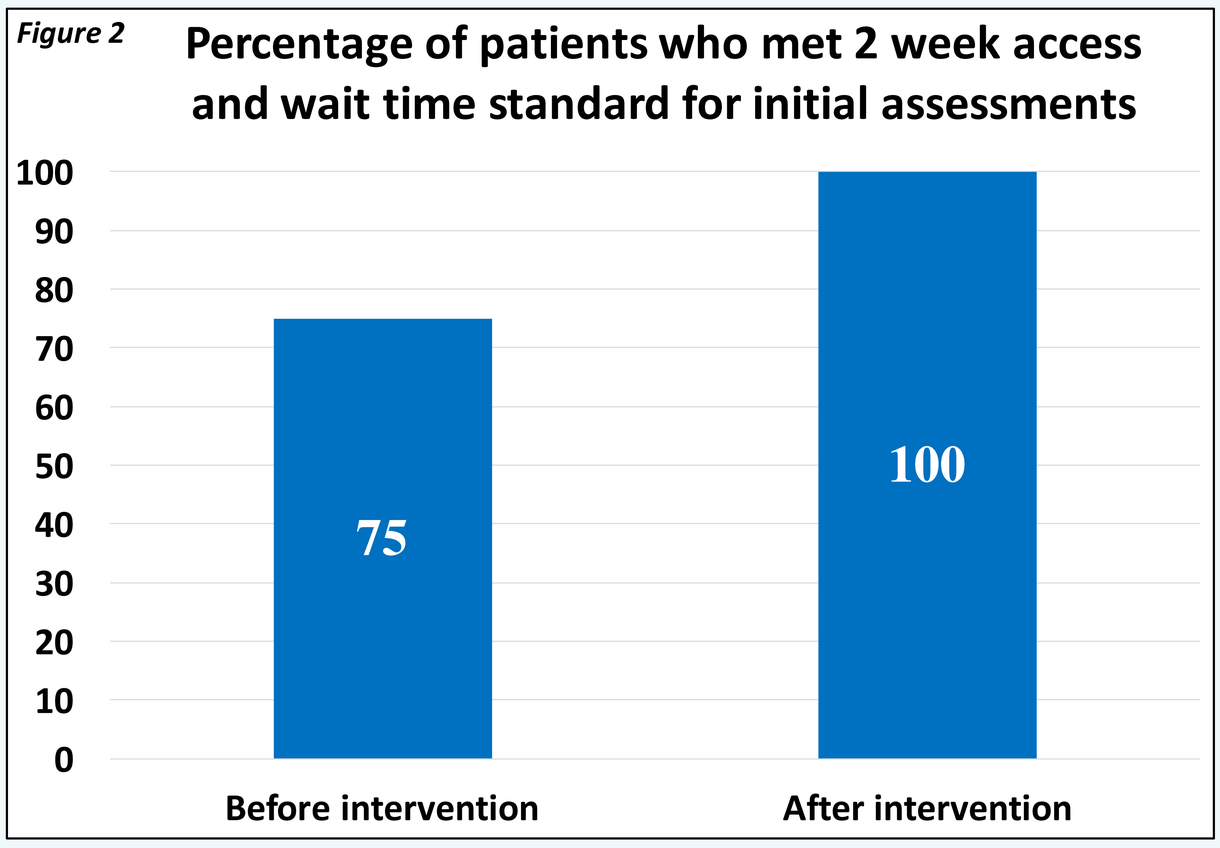
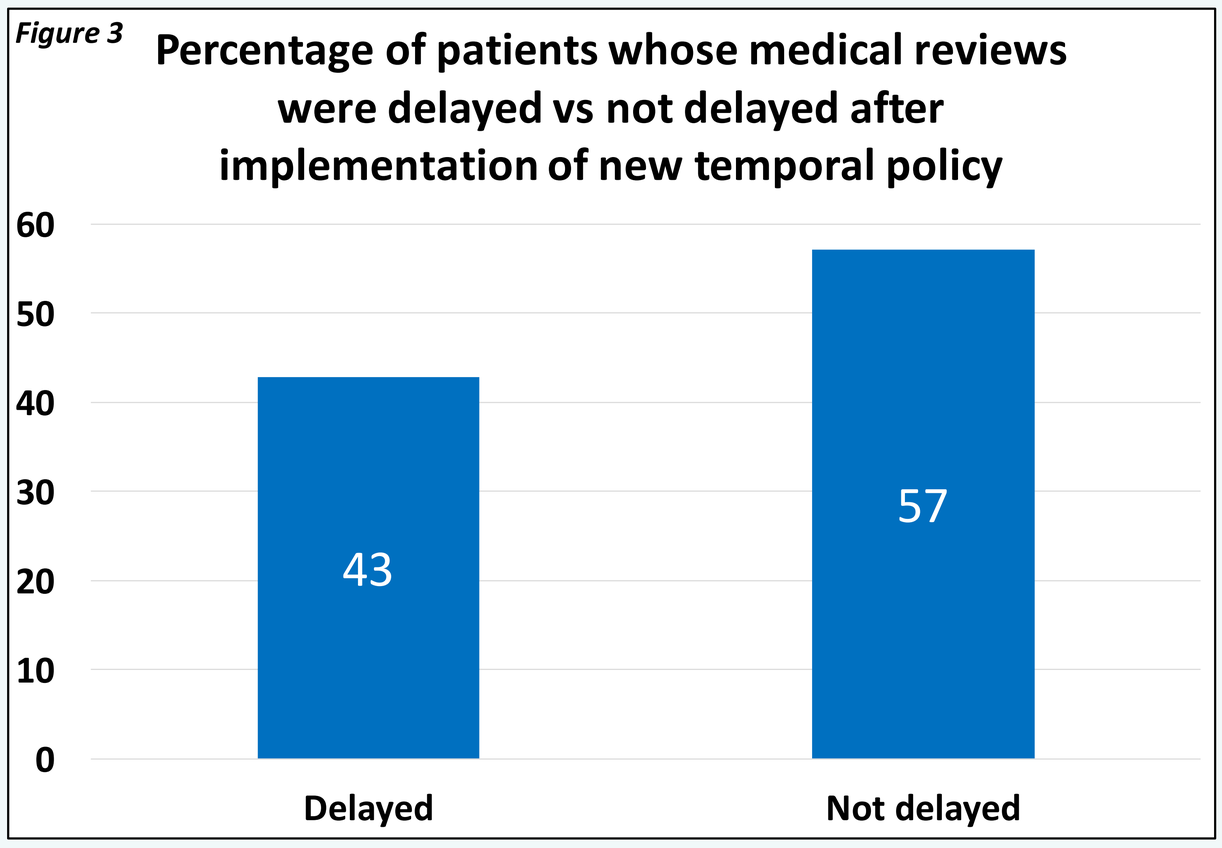


Figure 3



Conclusions and discussion

- These results indicate that our intervention had a positive impact on the proportion of patients who met the 2 week standard for initial assessments
- Regarding medical reviews, although the majority met our locally set standard, there were still a proportion of patients who did not. Potential reasons for this are that it takes time for a new policy to become embedded within a service, and further local education is required to ensure staff follow the standard. Alternatively, the disruption from COVID19 could be another factor due to patients being more likely to DNA and staff being off sick/isolating
- We advise continuing the current policy for medical reviews with further local education and reauditing in 3-6 months

- Overall, we believe this QIP has demonstrated that there is a need for a nationally set temporal standard for medical reviews (as our first audit cycle demonstrated). The benefits of the EIS 2 week access and wait time standard would be enhanced by guidelines to the timing of medical reviews. Early attention to diagnostic formulation and need for antipsychotic/psychotropic prescribing would optimise treatment and potentially prognosis

References: 1 - NHS Mental Health Implementation Plan 2019/20 – 2023/24