

Overcoming Barriers To The Access and Waiting Time Standards: A Patient Tracking List

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Though we hit the target
lets not miss the point!



Recovery is the point!





**access
can be
difficult**



1/3 still have long DUP (> 6 months)

Mostly accounted for by delays *within* mental health services

Table 1 Duration of untreated psychosis (DUP) and component delays

| | DUP | | Delay in help-seeking | | Delay in referral to mental health services | | Delay within mental health services | | Delay reaching EIS (T ₁) (first help-seeking to EIS acceptance) | | Delay reaching EIS (T ₂) (first mental health referral to EIS acceptance) | |
|----------------------------------------|------------------------|---------------|-----------------------|--------------|---------------------------------------------|--------------|-------------------------------------|---------------|-----------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------|---------------|
| | Mean (s.d.) | Median | Mean (s.d.) | Median | Mean (s.d.) | Median | Mean (s.d.) | Median | Mean (s.d.) | Median | Mean (s.d.) | Median |
| | All patients (n = 343) | 260.3 (472.5) | 50 | 93.8 (274.1) | 0.00 | 58.1 (228.9) | 0.00 | 108.7 (308.9) | 8 | 353.7 (607.0) | 111 | 187.5 (353.4) |
| Patients with DUP < 6 months (n = 228) | 36.6 (44.7) | 19 | 12.7 (27.9) | 0.00 | 8.2 (55.32) | 0.00 | 15.7 (28.2) | 1 | 267.7 (493.1) | 66.5 | 144.2 (246.9) | 36 |
| Patients with DUP > 6 months (n = 115) | 704.2 (603.3) | 518 | 254.6 (429.7) | 66 | 157.0 (375.9) | 4 | 292.6 (482.1) | 141 | 510.1 (760.1) | 212 | 273.3 (492) | 87 |

EIS, early intervention services.

Birmingham EIS: over 20 years old, but still long DUP for 1/3

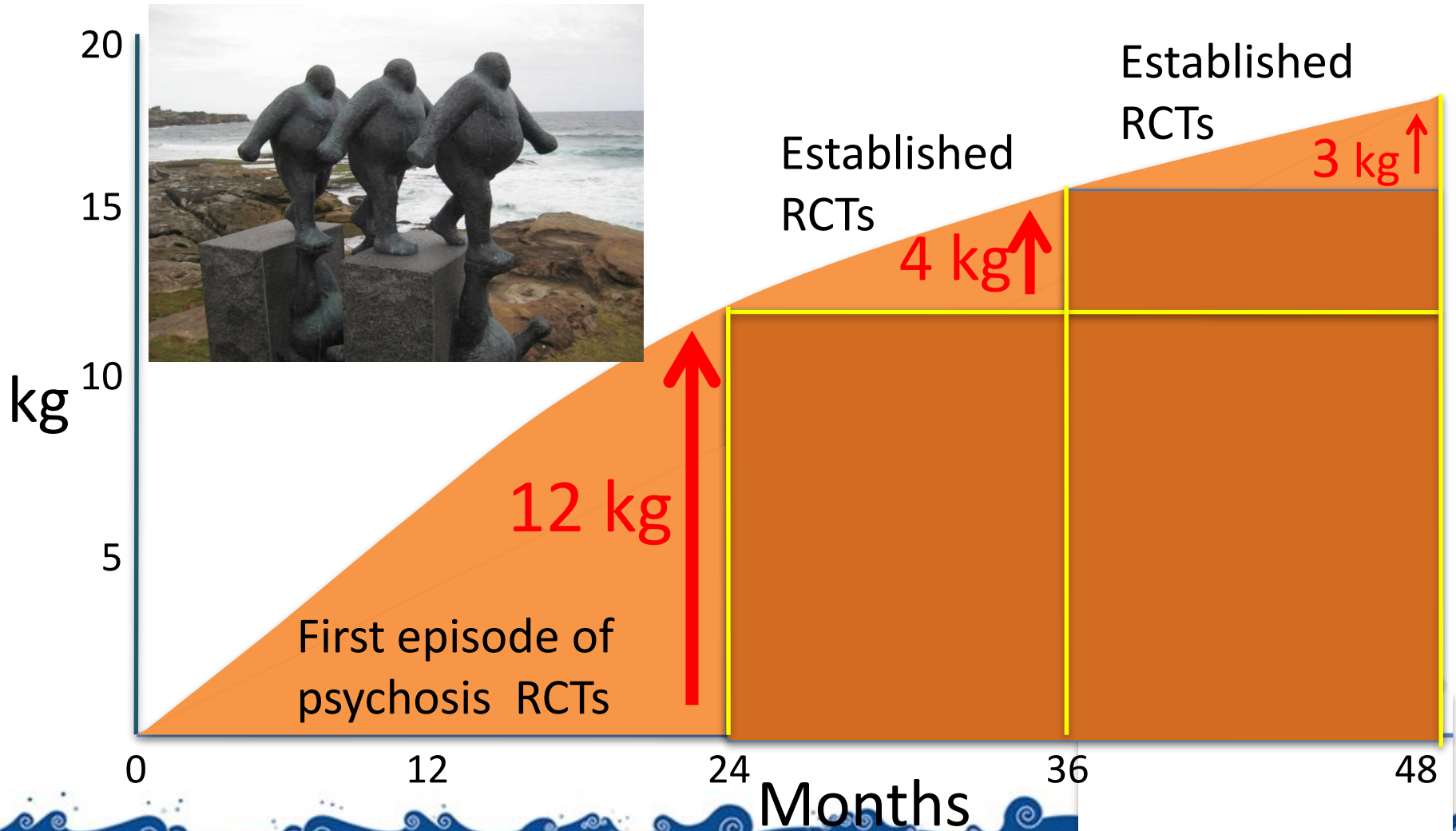




- The EI service model has a strong philosophy of optimism, hope and recovery (Brabban & Dodgson, 2010).
- A recent consultation with service users highlighted how valuable this is for service users (NHS England, 2016).



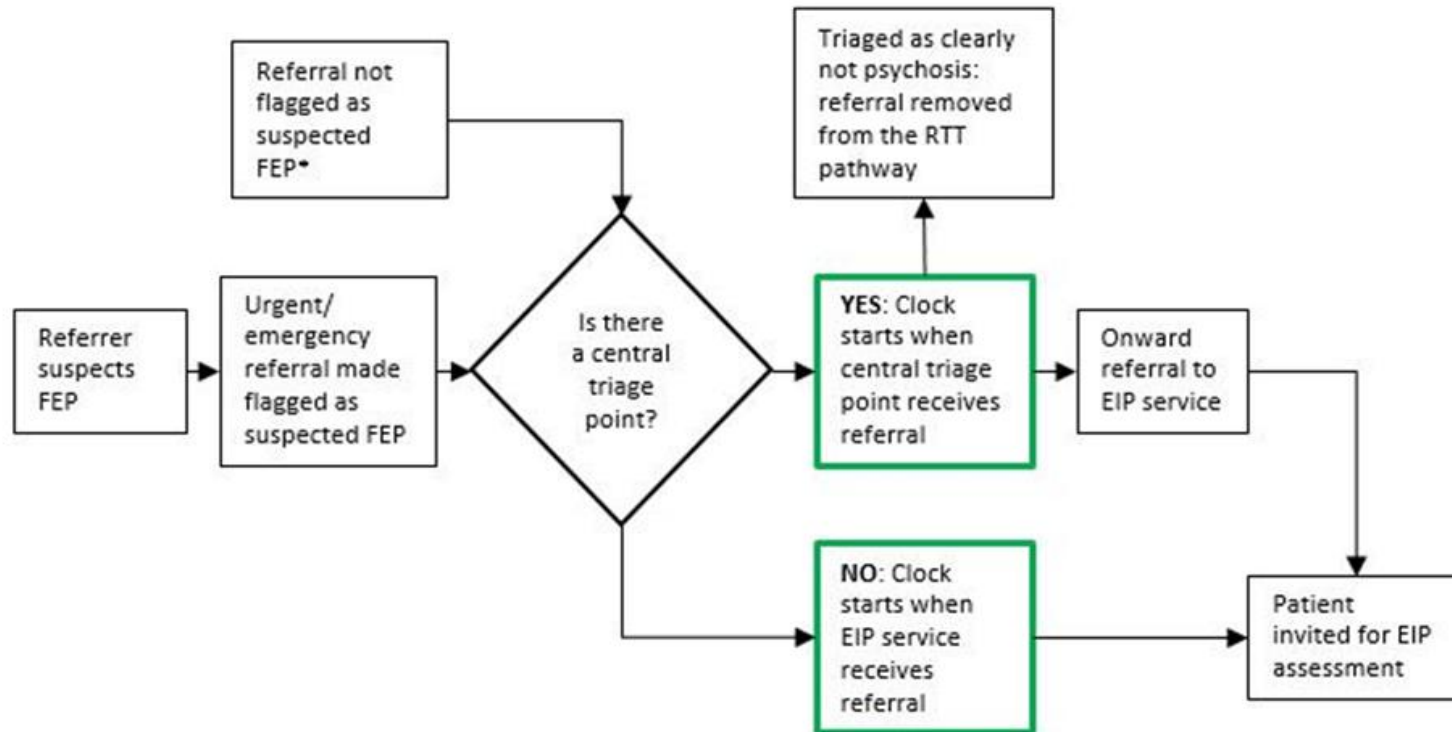
Antipsychotic-Induced Weight Gain in Chronic and First-Episode Psychotic Disorders: a Systematic Critical Reappraisal



A Reminder of Clock Start and Clock Stop



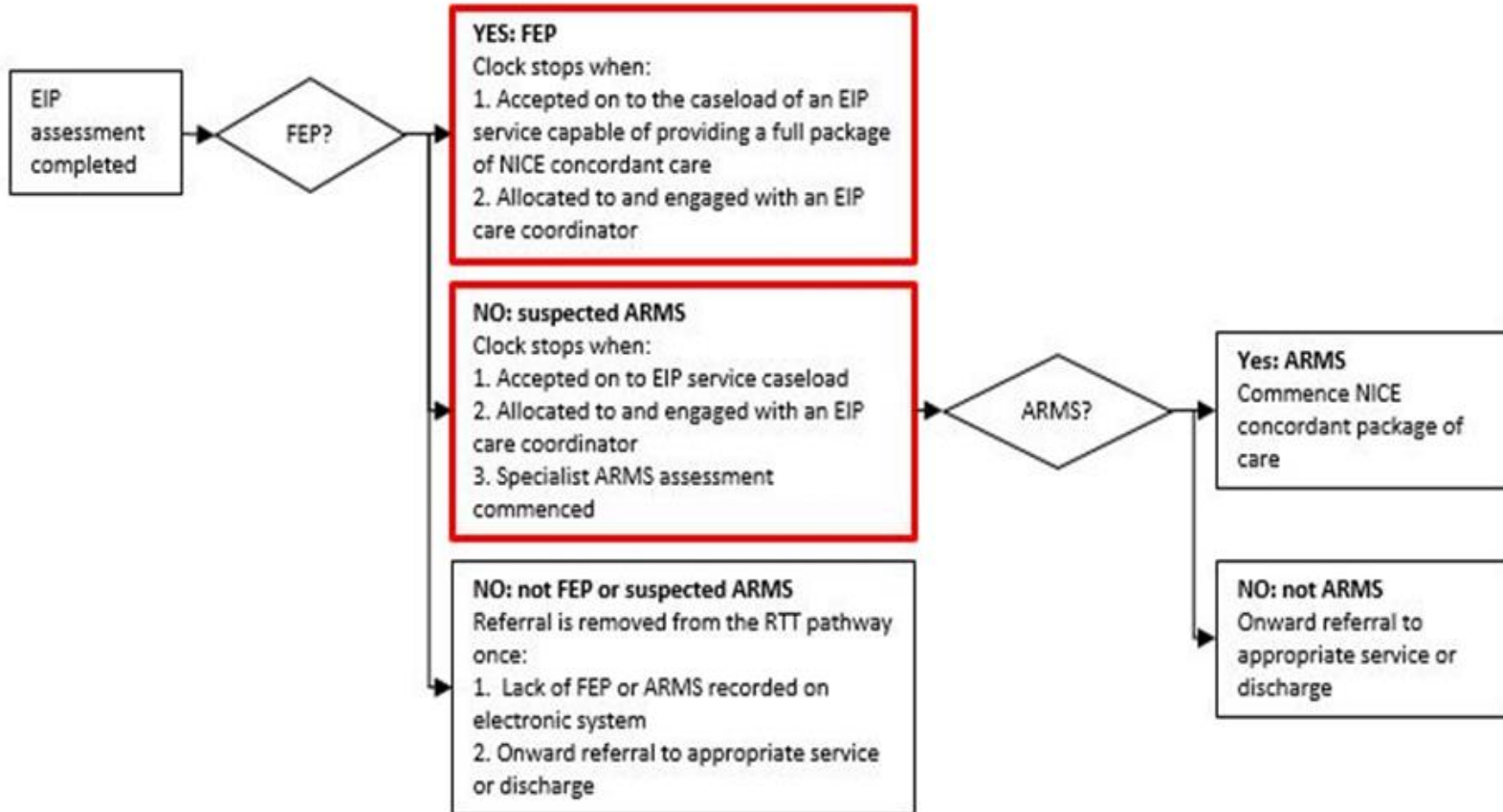
Clock start



* If assessed by the central triage point as suspected FEP this referral should be flagged and moved on to the first episode pathway, and the clock will start on the day the central triage received the referral



Clock Stop



Problems

- Getting staff on board with the new targets quickly
- Relying on imperfect systems to generate good data



PTL

| Demographic Information | | | | | | |
|-------------------------|------------------|--------------|-------------------------|------------------|---------------|-----|
| Patient No/ID | Patient Initials | NHS Number | Unique HSCIC Identifier | Trust Identifier | Date of Birth | Age |
| 126795 | SC | 4049974584 | | | 19/04/1990 | 25 |
| 407543 | CN | 601 350 3567 | | | 21/07/1997 | 18 |
| 232255 | MH | 404 451 0741 | | | 27/03/1985 | 30 |
| 299095 | AW | 600 198 0160 | | | 03/03/1997 | 18 |
| 351975 | RO | 601 351 8173 | | | 16/06/1997 | 18 |



| Referral | | | | | |
|---------------------------|--------------------------|--------------------------------------|--------------------------|-------------------------------|-------------------------------------|
| Referral Date to Provider | External Referral Source | Referral Date from Internal Transfer | Internal Referral Source | Date Referral Received by EIP | Any Pathway Delays for Referral |
| 04/12/2016 | Street team | Street team | Alnmouth ward | 06/12/2016 | |
| 12/01/2017 | GP | 16/01/2017 | crisis team | 16/01/2017 | |
| 19/01/2017 | GP | 19/01/2017 | N/A | 19/01/2017 | |
| 07/01/2017 | Street triage | 07/01/2017 | crisis team | 16/01/2017 | Delay in referral being sent to EIP |



A woman wearing a grey hooded garment, possibly a nun or a prisoner, stands in a crowd of people in a stone-walled setting. She has a serious expression. The background shows other people, some in dark clothing, and a stone wall.

Blame

Blame Blame



| Locality | First suspected psychosis | Referral accepted by EIP | Referral source | Total wait | Delay in Referral to EIP | DNA 1st appt |
|----------|---------------------------|--------------------------|-----------------|------------|--------------------------|--------------|
| NCL | 14/10/2016 | 11/11/2016 | CAT | 54 | 28 | 1 |
| | 21/10/2016 | 07/11/2016 | CAT | 25 | 17 | 0 |
| NT | 03/10/2016 | 03/11/2016 | CAT | 39 | 31 | 0 |
| | 12/05/2016 | 17/06/2016 | CAT | 43 | 36 | 0 |
| NBLAND | 07/07/2016 | 10/10/2016 | CMHT | 99 | 95 | 1 |
| | 25/10/2016 | 22/11/2016 | CMHT | 42 | 28 | 0 |
| | 06/07/2016 | 21/07/2016 | CAT | 22 | 15 | 1 |
| | 11/11/2016 | 02/12/2016 | CAT | 40 | 21 | 1 |



Clearing the blocks to speedy referral

- Identifying blocks in the system
 - Using the PTL to identify delay points
- Medics speaking to medics, managers visiting managers and so forth
- Weekly phone calls to wards to ask about new admissions
- Presentations to key stakeholders who could filter the information down
- Article in Trust Bulletin



Assessment

| Assessment Process | | | | | |
|--------------------|--------------|-------------------|--------------|-------------------|--------------|
| Assessment Date 1 | Attendance 1 | Assessment Date 2 | Attendance 2 | Assessment Date 3 | Attendance 3 |
| 28/11/2016 | N | 06/12/2016 | N | 21/12/2016 | N |
| 21/12/2016 | Y | | | | |
| 09/12/2016 | Y | 21/12/2016 | Y | | |
| 06/01/2016 | Y | | | | |



Clearing the blocks at assessment stage

- Monitoring upcoming breaches
 - Daily monitoring of the live PTL
- Identifying delays in booking in assessment
 - Contacting referrer for more information
 - Need for efficient triage
 - Administrative delays
- Managing DNA's
 - Appointment reminders – telephone call
 - Rebooking into earliest available slot



Outcome

| Outcomes | | | | | Waiting Times | |
|--------------------------------|-------------------|----------------------------|---------------------------|------------------------------|----------------------------------|---------------------------------|
| Not Appropriate Transferred To | Date of discharge | Accepted onto EIP Caseload | Date Treatment Started ** | CAARMS Assessment Started ** | How Long has the Patient Waited? | Duration of Untreated Psychosis |
| Project Answer | | Y | 21/12/2016 | | 13 | 53 days |
| Talking Therapies | | Y | 21/12/2016 | | 11 | 11 |
| GP | 21/12/2016 | N | | | 20 | 20 |
| CMHT | 21/12/2016 | N | | | 9 | |
| Primary Care | 21/12/2016 | N | | | 10 | |



Clock-stop issues

- Complex cases
 - Need more information/further assessment
 - Request for psychiatry or psychology opinion causing delay to decision about outcome
- “Complicated” requirements on electronic system to satisfy clock-stop

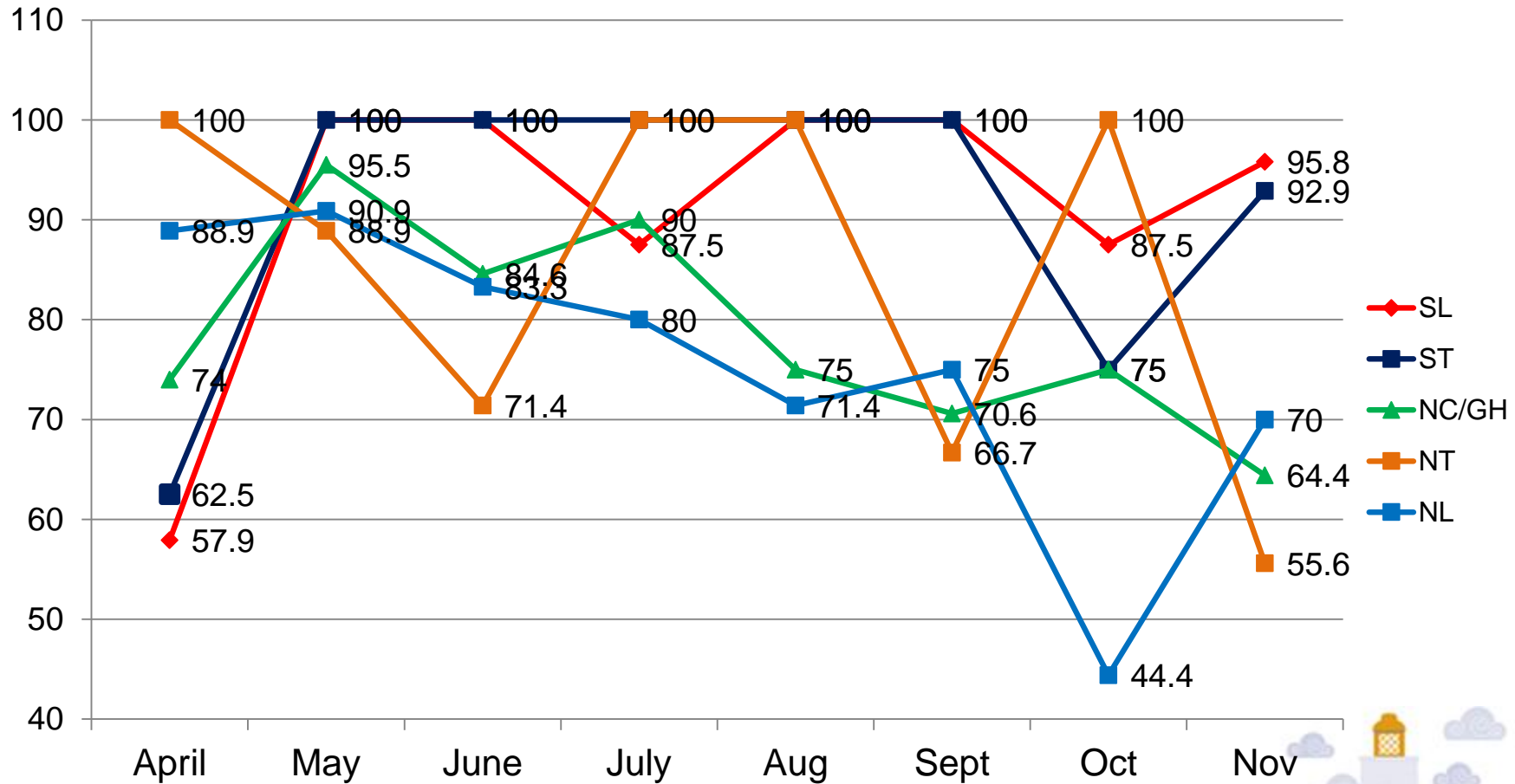


Clearing the blocks at clock-stop

- MDT feedback sessions
 - Front loading expertise to help make decisions quickly and effectively
 - Led to clear formulation and plan
- Manual data checking against electronic data to ensure accuracy
- Repeated training on what the electronic system required from staff



Access and waiting time standards performance



Ongoing issues

- Timely and appropriate referrals
- Extended assessments
 - Good clinical practice vs forcing decisions too quickly
- What is a reasonable suspicion of psychosis?
- Time commitment
 - Manual checks of PTL by assistant psychologists/managers
 - Daily MDT feedback sessions
- Increasing demands on the services
 - E.g. over 35s



Treatment PTL

| Category | MEDICATION | | | | | | |
|------------|---------------------------------------|---------------------------------------|------------------------|---------------------------------------|-----------------------------|---------------------------------------|-----------------------------------------------------------------|
| | Medication | | | | | | |
| Detail | Date Anti-Psychotic Commenced | Initial dose | Clozapine appropriate? | Date clozapine initiated | Max BNF dose ever exceeded? | Polypharmacy for psychosis? | Medication continued at discharge? |
| RiO origin | Medication, allergies & sensitivities | Medication, allergies & sensitivities | Manual? | Medication, allergies & sensitivities | Manual or remove the column | Medication, allergies & sensitivities | manual OR medication, allergies and sensitivities at discharge? |



| Category | PSYCHOLOGICAL THERAPIES | | | |
|------------|----------------------------|----------------|----------------------------|--------------------------------------|
| | Family Intervention | | | |
| Detail | Offered | No of sessions | Type | Therapist experience & qualification |
| RiO origin | Care plan / progress notes | Progress notes | Progress notes - captured? | ? |



| Category | PHYSICAL INTERVENTION | | | | | |
|------------|--------------------------------------|---------------------------------------------------------|--------------------------------------|---------------------------------------------------------|--------------------------------------|-----------------------|
| | Smoking | | Exercise | | Healthy eating | |
| Detail | Intervention offered | Intervention provided | Intervention offered | Intervention provided | Intervention offered | Intervention provided |
| RiO origin | Physical health monitoring recording | Physical health monitoring recording and progress notes | Physical health monitoring recording | Physical health monitoring recording and progress notes | Physical health monitoring recording | Progress notes |



Accessing the PTL

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