Discussion: 'Quality improvement: opportunities, challenges and future directions'

The responses below are collated from the discussion at the Fourth Annual Psychological Therapies Forum.

Keep the discussion going: Email appts-chat@rcpsych.ac.uk to ask a question or make a comment to other services in the APPTS network. (Not on APPTS Chat? Email us to join).

1) What are your Quality Improvement priorities for your own service?

Service users and carers
- Service user involvement (*x4*)
  - More personal approach
  - Bringing people in/keeping them in
  - Representativeness/professionalisation of service users
  - Topic-led involvement (rather than a "ready pool")
  - Feedback from clients – questionnaire results are informing current and future decisions around service development
- Service users – broadening methods of engaging and collecting feedback
- Carer involvement is not an area addressed in terms of service user involvement – fundamentally not acknowledged

Information and choice
- Patient information – ensuring leaflets include contact number and to who to contact in a crisis. Simplifying information
- Provide more information about the range of options available at an earlier point from both staff and service user perspectives, changing the language we use (e.g. consultation rather than assessment)

Sustainability of improvements/Support after therapy
- Provision of post therapy groups/provision – drop in group?
- Helping service users access support post therapy – building 'social capital'. Networking between services in our locality

Demand and capacity
- Maintaining quality in context of growing demand
- Reducing waiting times
- Clinical supervision + specialist supervision for modalities
- Improving access and flow through the service

<u>Therapies</u>

- Digital offer + maintaining quality. Build capacity (e.g. groups) while maintain quality. Misconception that it is more cost effective

<u>Staff and supervision</u>

- Staff Wellbeing (*X2*)
- Enhancement of PWP supervision – open up clinical supervision – less case management more clinical.

<u>Referrals</u>

- Improving quality of referral information
- Getting referrers on board e.g. GPs

<u>Outcomes</u>

- Outcomes for psychology – improvements database

<u>IAPT</u>

- Align with IAPT Manual

<u>Accreditation</u>

- Disseminating service/outcome/learning
- Running APPTS across our other services

2) What are the main challenges to improving quality you face?

Involvement/feedback
- Involvement of everybody – in real terms, not tokenistic. "Get rid of personalities".
- Payment of service users for service user involvement work
- Knowing how to utilise skills of service users and where e.g. promoting service/being at events/social media and blogging
- "You said, we did" – feedback needs to be quicker

Funding
- Funding
- Winning the argument with the commissioners/politicians/powers that be, that qualitative performance is as good as quantitative

Management, demand and capacity
- Large number of referrals
- Non-attendance of appointments (and dropout rates)
- Staff turnover
- Perpetual service re-design
- Time – needing written materials (e.g. what is service user involvement)
- How to utilise people's strengths: How do we find out about this? Time?

Working with other services
- How to engage partners that have been difficult to engage
- Cultural challenges e.g. GPs wanting to send referral letters not complete forms "1:1 therapy the best" and groups viewed as way of managing waiting times, professional language routinely used

IAPT
- Shifting sands of IAPT/LTC work
- Recovery rates
- Raising the public profile of IAPT – awareness of what's available

Accreditation
- Feels like too much paperwork e.g. questionnaires
- Key staff involved in APPTS process leaving the service within the next year – how to ensure the QI and ongoing work sustains and develops?

3) **How would you like to see APPTS help you to achieve your priorities for improvement or ameliorate the obstacles that present challenges?**

Resources
- Suite of on-line training e.g. around improving assessment techniques processes
- Recommendations for the above/guidance
- Sharing good practice
- More ongoing support would help, maybe a network to share ideas in core areas

Profile
- Liaison with CCGs – broaden their understanding of standards
- Assist with contract negotiations for terms of quality – Appts to deliver message to CCG re what it means to be accredited vs not
- Promote those services that have been accredited, and collate the examples of good practice to feed into NICE
- That the profile of APPTS is raised – increased publicity. To demonstrate the range of quality within mental health services: Raising the spotlight on the 90% of effective outcomes (wellbeing) rather than the 10$ of not apparently improved situations.
- Bigger drive for accreditation nationally
- And not to focus on CCGs as the range of providers is more than health provision i.e. third sector (higher education etc).

Information
- Getting regular updates on services

Other
- The APPTS quality standards will be very helpful!
- May improve funding re. areas of improvement