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Background and aim



Dartford, Gravesend and Swanley (DGS) Community Mental Health and Psychology Team came together to work on this project. Through the flowcharting process, data, and team reflection, key priority areas were identified to tackle key bottlenecks impacting patient flow:

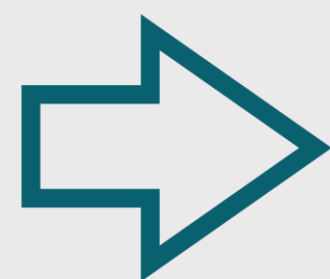
- Efficiency of Multidisciplinary (MDT) meetings
- Quality of case presentation
- Decision making processes

Challenges we faced and how we overcame them



- Staff turnover- alongside this project, there have been local recruitment fairs and ongoing recruitment campaigns to bring people to KMPT. Through improved staff wellbeing and reduced staff turnover leading to improved workplace culture, daily duties & participation in this QIP which shaped and drove it forward.
- Community transformation programme happening at the same time - this is still ongoing, but we have worked hard to work alongside this transformation.
- Clinical priorities and heavy workload, which impacted team capacity to attend QI team meetings. This was improved following the recruitment drive.
- Obtaining data for the project has proved difficult due to the differing demands on our BI team.

Looking to the future



Going forward, it is advisable that this project be merged with the CMHF transformation in order to implement the changes as business as usual. The team are confident in making small, continuous improvements to maintain the momentum developed through the QI project.

Supporting clinicians to implement the use of the CRAM tool for risk assessments, that could be utilized to formulate a case presentation.

Change ideas we have tested and key learnings



- **Medics discussion:** Doctors provide support to clinicians 4 days a week to discuss cases after assessments to improve the speed of decision-making and feedback provided to patients.
- **Case consultation:** Twice weekly to begin with, then scaled back to a weekly space for clinicians to discuss cases for psychology with seniors of the psychological therapies team.
- **Initial Intervention supervision:** Senior of the psychological therapies team supports clinicians carrying out assessments with decision making (cases do not need to return to MDT).
- **Case discussion with team managers:** Lower-level cases that do not require medical input but require support for decision making, are discussed between team managers and clinicians.
- **Deliver a reflective session on formulation** to improve the quality of assessments and case presentation at MDT. The team are using the freed-up time at MDT (an impact of the changes above) to deliver training on formulation, using examples of assessments completed to discuss with the clinicians.

The impact of the project



- We were able to reduce the caseload from approx. 1,600 to 1,100 patients, which has meant that patients flow through the system quicker and we therefore improved patient experience and waiting times, as a result.
- New spaces created to support decision making and provide opportunities to educate staff and improve team cohesion.
- Recent MDT meetings were approximately 2 hours shorter, and qualitative feedback demonstrated that staff felt more positive about MDT meetings and the usefulness of these.

Find out more:

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