Demand, Capacity & Flow QI Collaborative

Learning Set 4
Thursday 11 January 2024

Demand, Capacity & Flow
Quality Improvement Collaborative

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Housekeeping

- No fire alarm tests are planned for today.
- Toilets are located to the right of the lifts on level 1 and the ground floor.
- Lunch will be from **12:30-13:15** and will be served in **Room 1.6.**
- **Room 1.1** is available if anyone needs to take a break at any point or needs some space on their own (apart from between 11:00–11:45am – you can use 1.6 at this time).
- If you need to take a phone call or tend to an email during a presentation, please kindly leave the room.

X/Twitter

- We will be live tweeting this event so you may see the QI coaches on their phones during some sessions. Please also find and follow us **@NCCMentalHealth** or search for **#DCFQI**.

- We encourage use of X/Twitter and social media to share the work that you are doing throughout the collaborative.

- However, we kindly ask you not to tweet people's names, photographs of people's faces or their talks without their permission.

Thank you!!

Today's agenda

Time	Item	Speaker
10:30-10:45	Welcome, housekeeping and recap	Emily Cannon, Head of Quality Improvement, NCCMH
10:45-11:45	Change ideas: focusing on the 'Study' and 'Act' of PSDA cycles	Dr Amar Shah, National Improvement Lead, RCPsych
11:45-12:30	Data for improvement: Why data is important in QI	Renata Souza, Quality Improvement Coach, NCCMH
12:30-13:15	LUNCH	
13:15-13:25	Post lunch energiser	Sarah Markham and Ben, Patient Representatives, NCCMH
13:25-14:50	Continuing our discussion on equity and demand, capacity, and flow	Tom Ayers, Director, NCCMH; Dr Amrit Sachar, Joint Presidential Lead for Equity and Equality, RCPsych; Sarah Markham and Ben, Patient Representatives, NCCMH
14:50-15:00	Feedback and close	Adele de Bono, Quality Improvement Coach, NCCMH

Since the last learning set in October

Teams have continued to test change ideas and learn from their tests...

Clinic model
3 pdsa cycles

Removal of AMRI stage
2 pdsa cycles

Improve the quality of initial assessments
2 pdsa cycles

Test new triage form
1 pdsa cycle

Stopping joint assessments with PCMHT
2 pdsa cycles

Roll out case management supervision
1 pdsa cycle

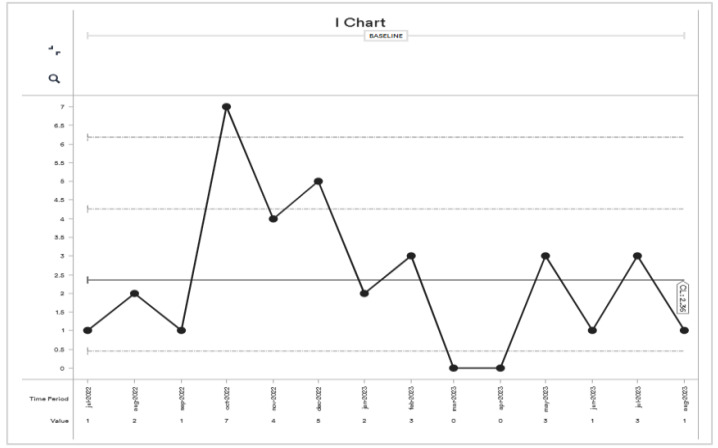
Reduce the number of rejected referrals
2 pdsa cycles

Combine first and second screening
1 pdsa cycle

… and have been collecting and reviewing data

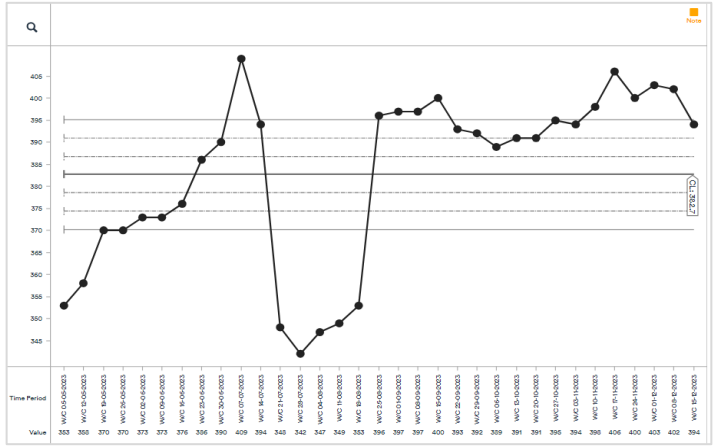
Complex Needs Service

Total number of consultations completed



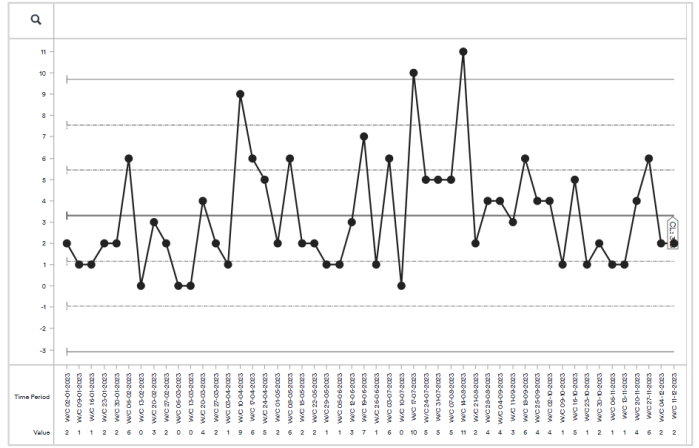
Dartford, Gravesend and Swanley CMHT

No. of people on active review (waiting list)



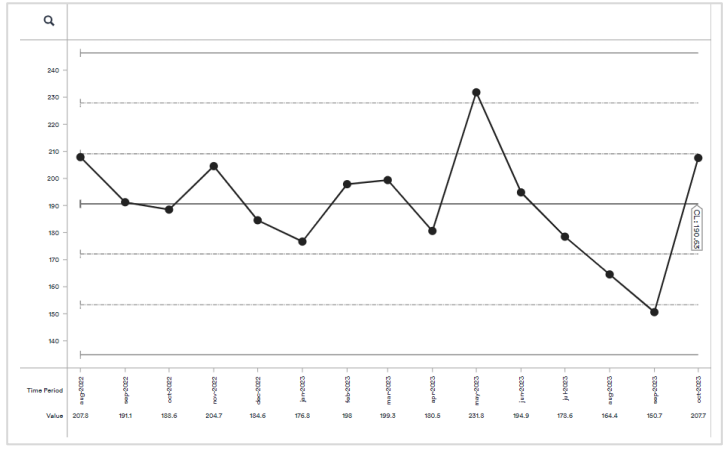
Adult Autism Spectrum Disorder Service

No. of discharges following specialist assessment



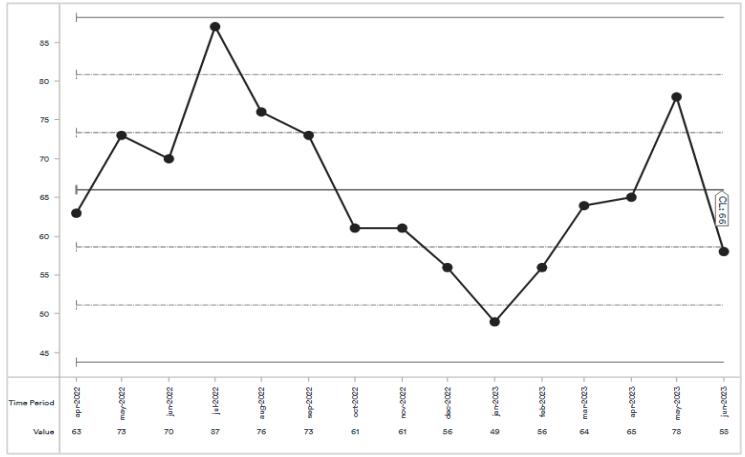
Memory Assessment and Treatment Service

Average wait time from referral to first appointment



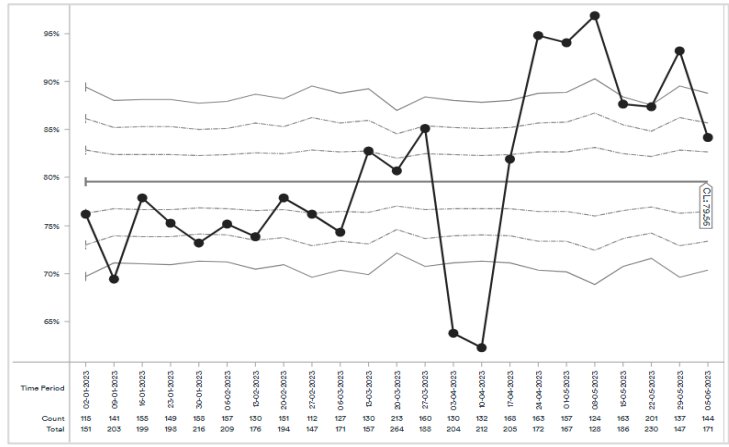
Havering CAMHS

No. of discharges following active treatment



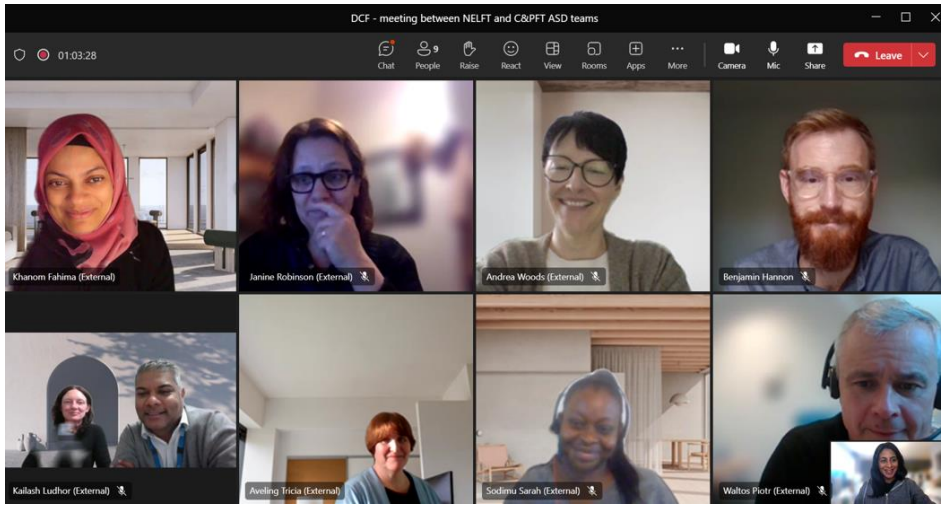
Hounslow IAPT

Percentage of referrals screened within 7 working days



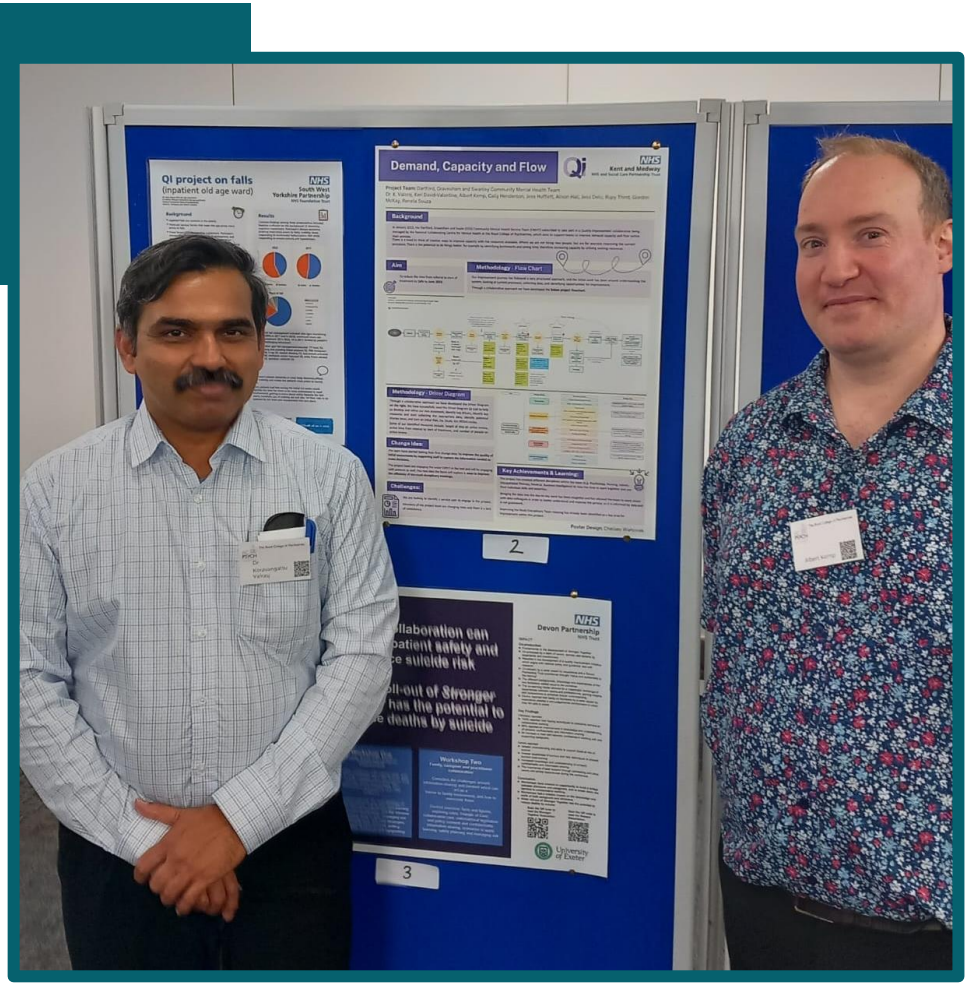
Collaboration

Bradford District Care and **Oxford Health** have met to share learning and ideas about their Memory Services



The Autism Spectrum Disorder Services at **North East London** and **Cambridge and Peterborough** have had a joint project team meeting

Kent and Medway won first prize for their Demand, Capacity and Flow project's poster at the Royal College of Psychiatrists Quality Improvement Annual Conference in November!



Change ideas: focusing on the ‘Study’ and ‘Act’ of PSDA cycles

Dr Amar Shah
National Improvement Lead
Royal College of Psychiatrists

Adult Autism Assessment Service

North East London Foundation Trust NHS

Demand, Capacity & Flow
Quality Improvement Collaborative

Change idea: Introduce clinic model for completing assessments.
Clinic Model - Weekly allocation for all clinicians and APs together

Predictions

- Staff morale and capacity may be affected
- More assessments will be completed, and the discharge rate will increase
- Reduce the waiting time from referral to assessment

What we are doing

- Weekly allocation for all clinicians and APs together
- Job plan and capacity assessment (prioritising meetings to essential only e.g. weekly team meeting to monthly)
- Admin support relating to all aspects of booking clients for appointments, including room bookings (onsite/online slots)
- Standardising assessment (ADOS/AAA/3Di) process in terms of time and outcomes (feedback sessions and Rio outcomes)
- Efficiency model for report (template)
- Introducing DNA process (Discharged after 2 DNAs)

How we are measuring change

- Measuring baseline data (Jan-Mar 23) to data for each quarter of this year
- Weekly monitoring completed assessments and discharge rate (Data sent by Abir) and exploring discrepancies between this
- Monthly review of numbers by MDT during QI/Business meeting (Sarah)

Learning so far

- *Clinic model was efficient and helpful in achieving more completed assessments per month*
- *Regular monitoring of data and process was useful*
- *Efficiency can be attained at each level*
- *Importance of using QI model to understand issues i.e. driver diagram*
- *Collaboration and team engagement is important*
- *Accessing weekly data allowed us to see progress and where we can make changes*

Next steps

- Managing clinical complexities during assessments
- AP/Trainee capacity to support qualified staff
- Working to reduce nuances between clinicians i.e. assessments and report writing

45 mins

Group work

- In your groups of 2-3 teams, each team have approx. 10-15 mins to share and discuss an idea you have been testing.
- Use the prompt sheet to guide the discussion.
- Is there key learning you can take back to your projects?

- What data/information have you collected to support your learning?
- What have you learned so far from your test(s)? Did it match your predictions?
- Did you make any changes based on the learning?
- What are your next steps for this idea?

Seating plan for change ideas session

Table 1

- **Coventry & Warwickshire MH & Wellbeing Team**
- Kent & Medway DGS CMHT
- Oxford Health OA CMHT

Table 4

- **Cheshire & Wirral Complex Needs Service**
- NELFT Waltham Forest

Table 5

- West London Ealing Acton MINT
- West London Ealing Southall MINT

Table 6

- **Bradford MATS**
- NELFT Havering MH&WT

Table 10

- **West London Hounslow IAPT**
- **Avon & Wiltshire Psychological Therapies**

Teams **in bold** DO NOT need to move

Room 1.1

- Bradford CAMHS
- NELFT Havering CAMHS
- Cornwall Kerrier CAMHS

Room 1.3

- Cambridge & Peterborough - CLASS
- NELFT Adult Autism Service

45 mins

Group work

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Data for improvement

Renata Souza
Quality Improvement Coach
National Collaborating Centre for Mental Health

Why is measurement important in quality improvement?

- To know if the changes you are testing are leading to an improvement.
- Visualise your data as your project progresses and see the effect your change ideas are having (collect data in real time at regular intervals).
- Identify variation: Is it random variation or does it have a cause?

Types of variation in quality improvement

Random

Probability based rules indicate variation is due to chance

i.e. the difference between the dots is no more than we would expect to happen in the usual experience of the current system

VS

Non-Random

Probability based rules indicate variation is not due to chance

i.e. something new has happened, which has affected the performance of the current system

Why might non-random variation occur?

Improvements resulting from our work

Unintended consequences from our work

New factors affecting system

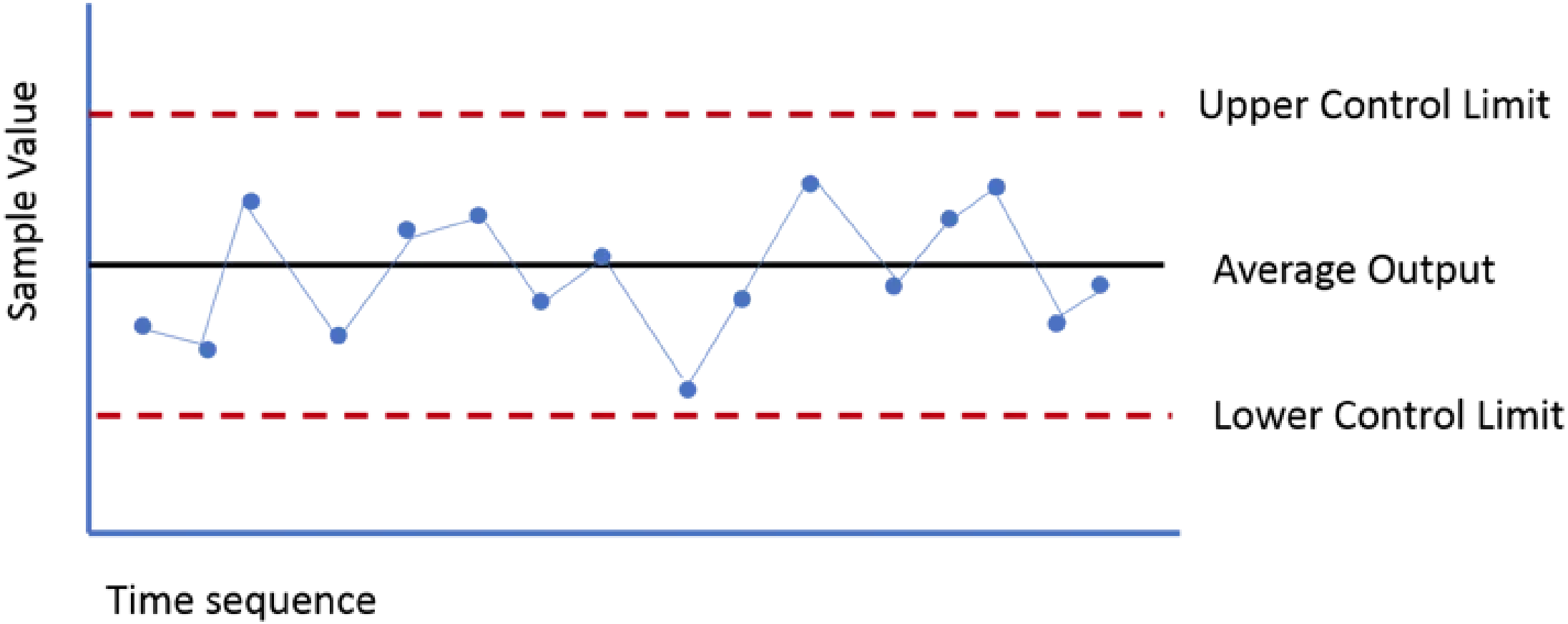
Types of quality improvement charts

- Run charts
- Statistical process control (SPC) charts
  - Many different types

P chart = proportion or percentage chart

I chart = single data value chart

What makes up a control chart?

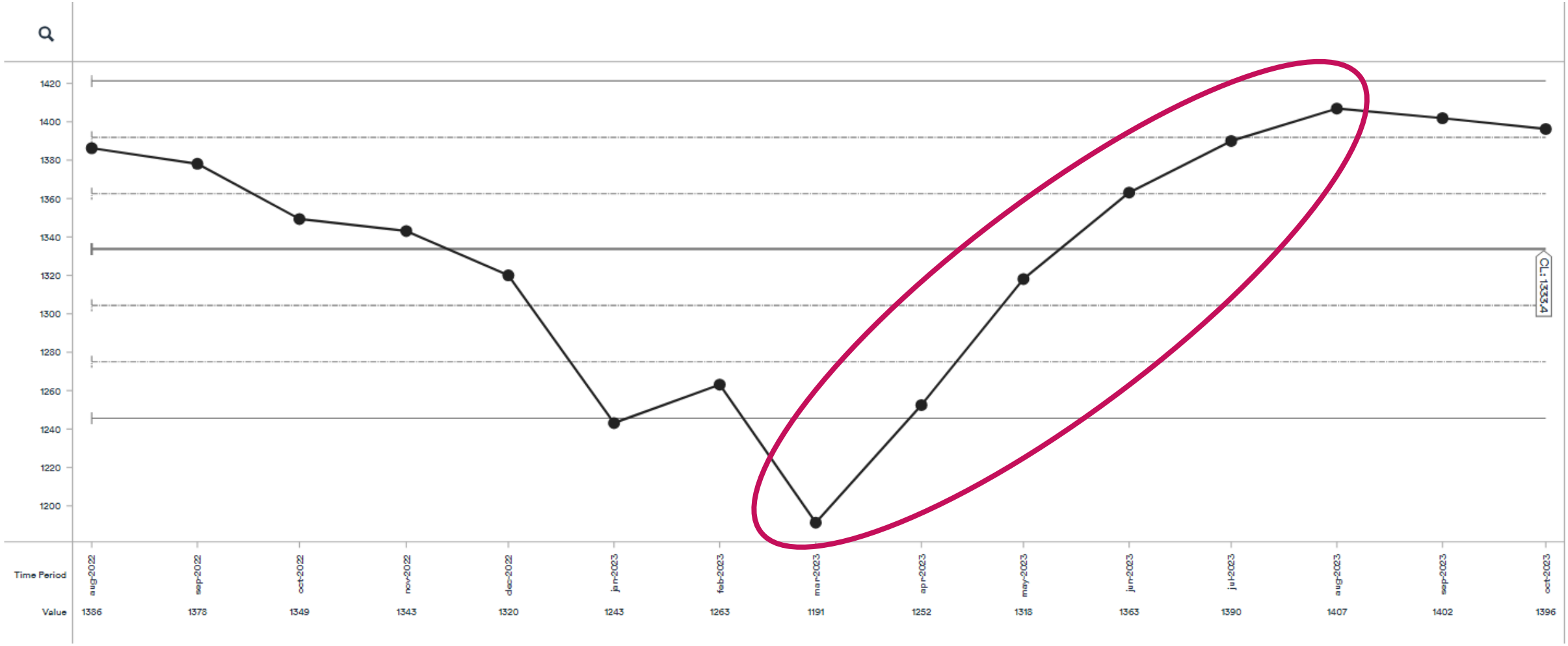


There are five rules, we are going to look at three

- **Trends**
- **Astronomical data points**
- **Shifts**

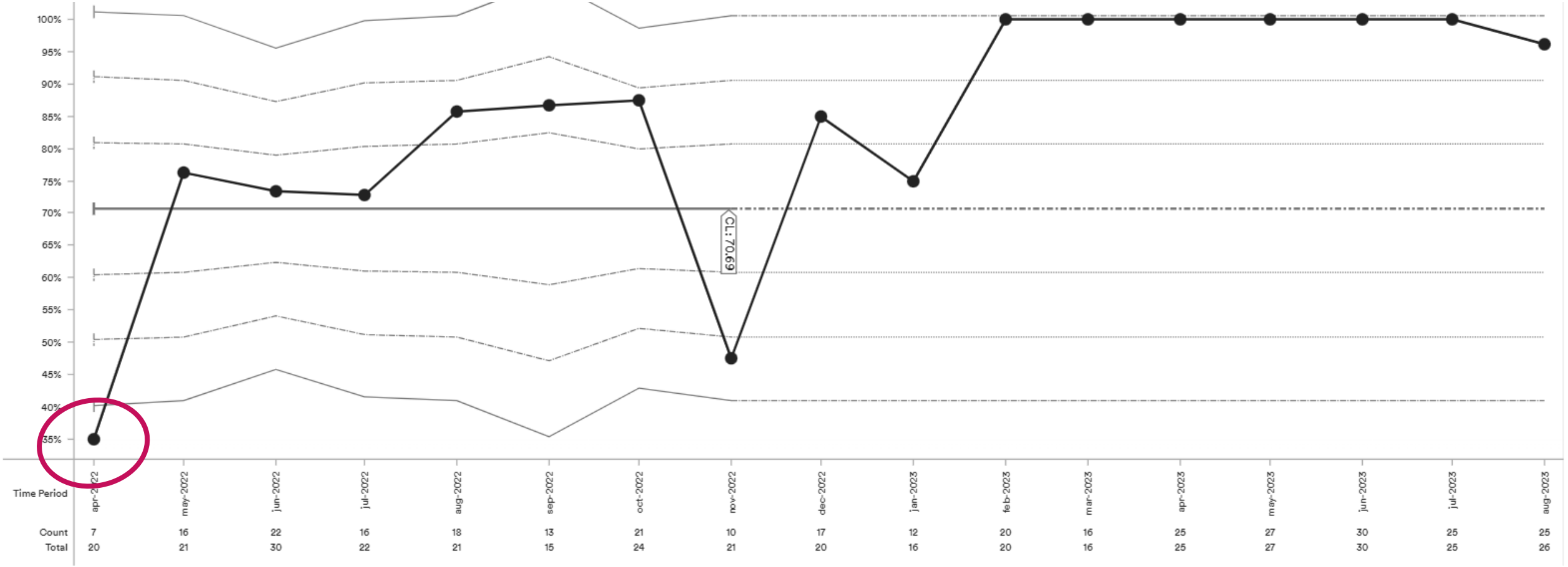
Trend

- Six or more consecutive points all going up or all going down
- (ignore consecutive points that are the same value)



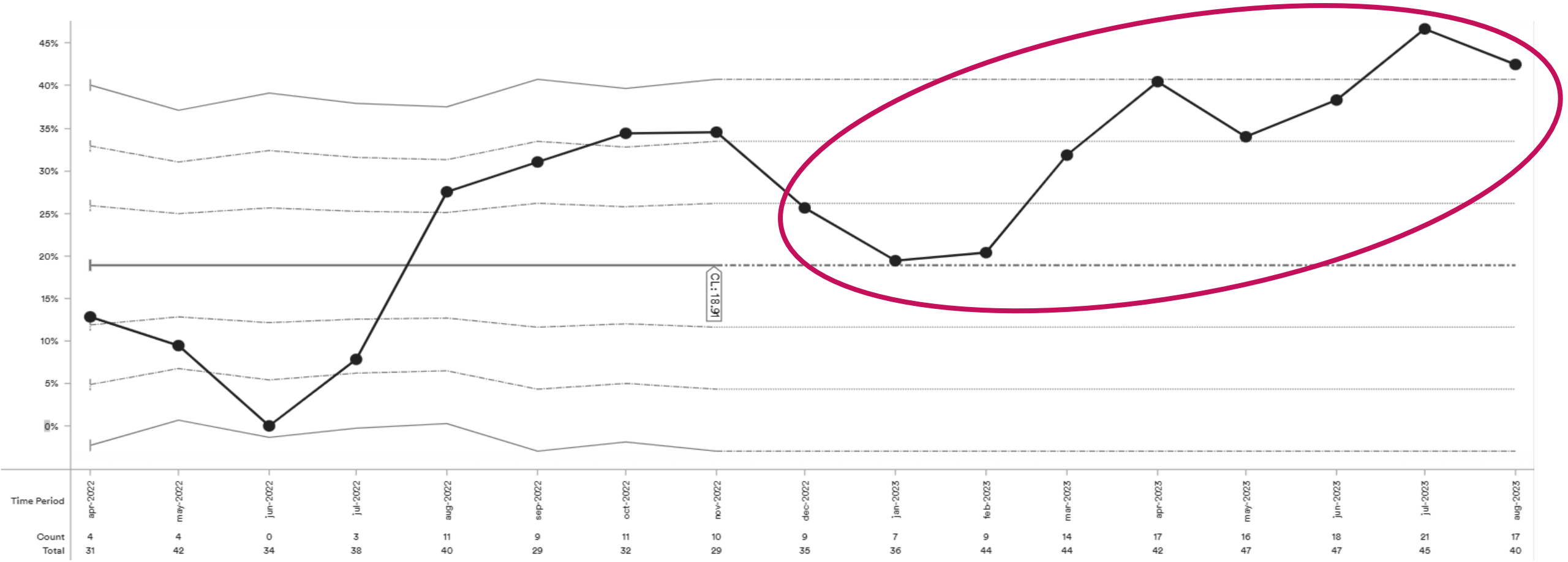
Astronomical data point

- One data point that is outside of the upper or lower control limit



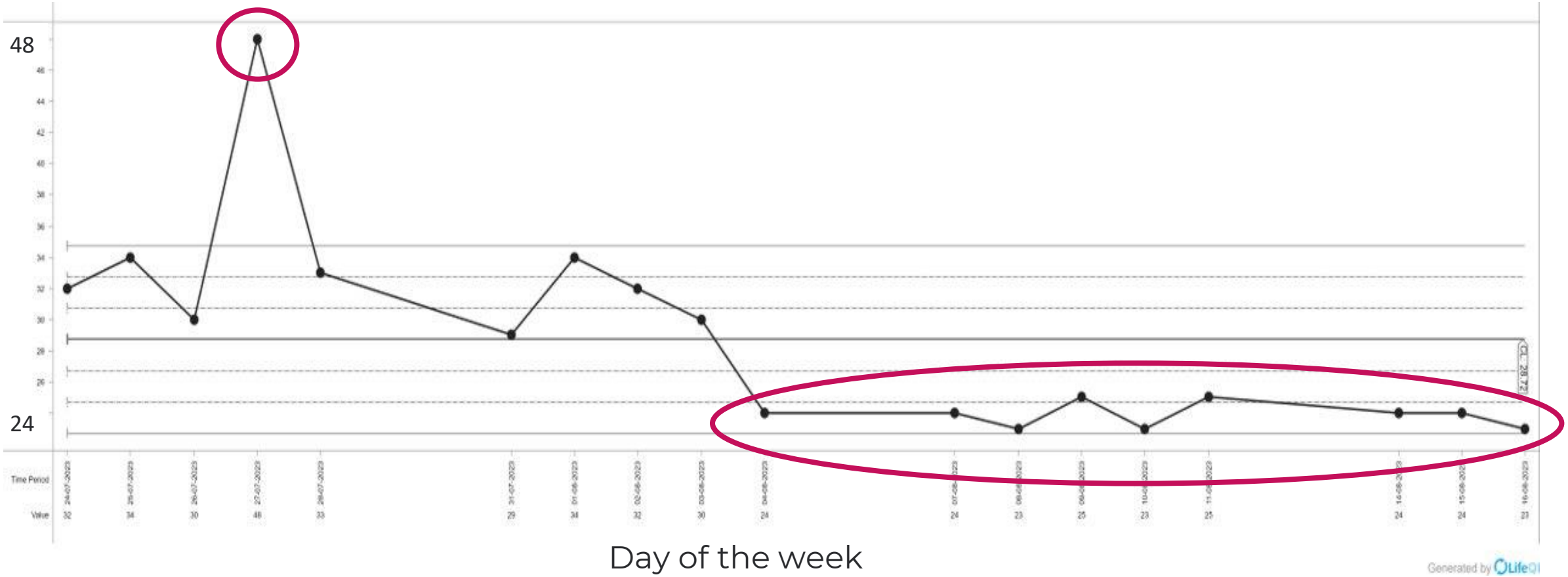
Shift

- Eight or more consecutive points all above or below the centre line
- (ignore points that are exactly on the centre line)



Example: Sonya's journey to work (I chart)

Number of minutes from leaving home to arriving at work each day



Setting and shifting the centreline

- We set a baseline mean, usually with at least 8 data points.

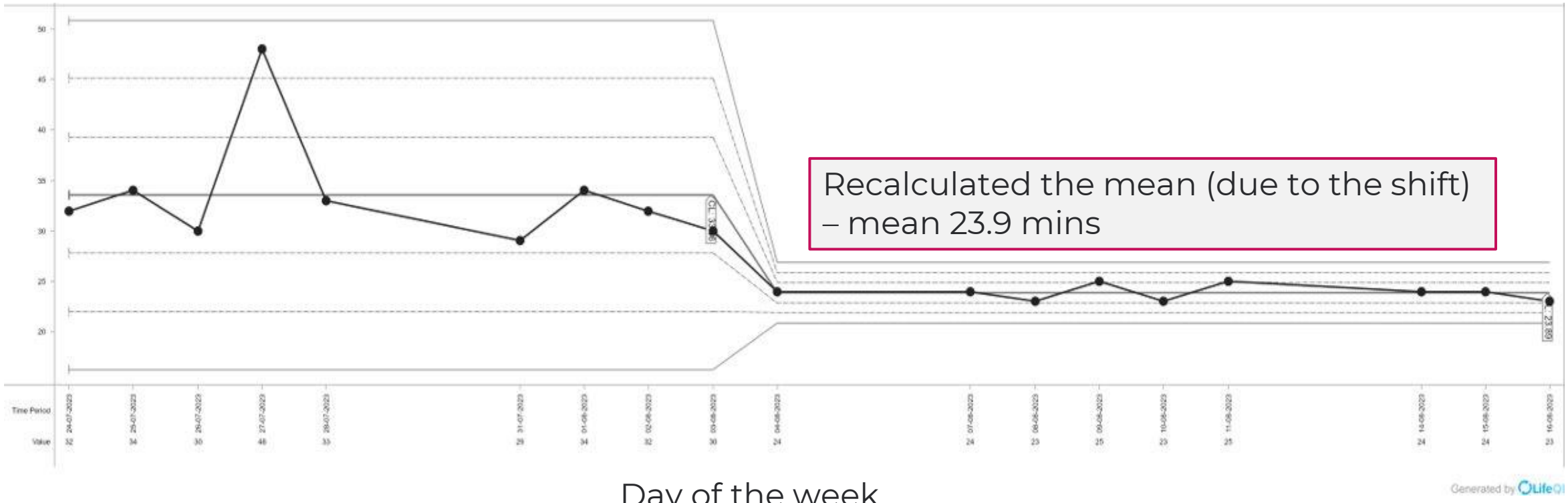
- If there is a *sustained shift* (8 or more points above or below the mean) ➡ we create a new mean for the new level of performance.

Sonya's journey to work (I chart)

Number of minutes from leaving home to arriving at work each week

Set the baseline – mean 33.6 mins

Recalculated the mean (due to the shift) – mean 23.9 mins



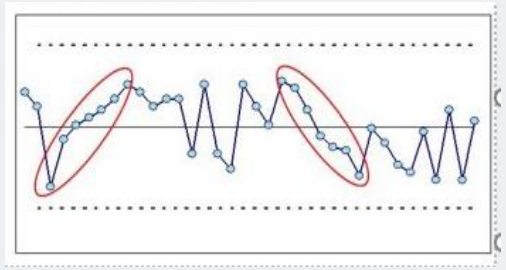
20 mins

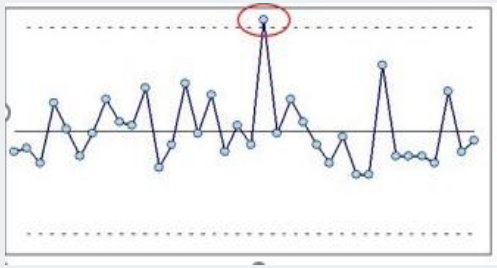
Review your data

- Can you identify any patterns on your charts?
- What are your thoughts about your data?

Annotate or stick post-it notes on

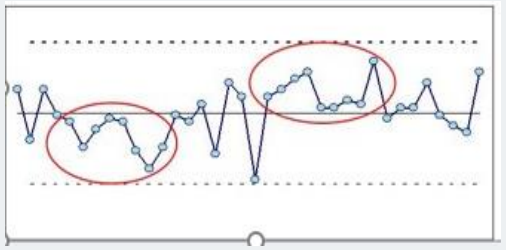
TREND
Six consecutive points either increasing or decreasing





ASTRANOMICAL DATA POINT
A single point outside the control limits

SHIFT
Eight or more consecutive points above or below the centreline



Lunch

12.30 - 13.15

Served in Room 1.6

Post lunch energiser

Sarah and Ben
Patient Representatives
National Collaborating Centre for Mental Health

Q

How many more times likely are refugees to have mental health needs than the rest of the UK population?

a. Two times (Pink card)

b. Five times (Orange card)

c. Ten times (Blue card)

Q

In a 2018 survey, what proportion of employers viewed employing people with mental health problems as a 'significant risk' to their business?

a. Half (Pink card)

b. A third (Orange card)

c. A quarter (Blue card)

Q

How many more times are black men liked to be detained under the mental health act than white men?

a. Two times (Pink card)

b. Five times (Orange card)

c. Seven times (Blue card)

Q

In 2022, the 'Centre for Evidence and Implementation' study identified which factors as barriers to improved mental health for care experienced people?

a. Thresholds for accessing services (Pink card)

b. Staff training on the lives of care experienced people (Orange card)

c. Both above (Blue card)

Continuing our discussion on equity and demand, capacity and flow

Tom Ayers
Director
National Collaborating Centre for Mental Health

Dr Amrit Sachar
Joint Presidential Lead for Equity and Equality
Royal College of Psychiatrists

Ethnic Inequalities in the IAPT Programme: A Policy Review

Recomendations

11th January 2024

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NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

UCL

NHS RACE & HEALTH OBSERVATORY

NCCMH

What we did

- Analysis of the IAPT national data set (2015/16-2021/22) and patient level data (2015/16-2018/19)
- Focus groups with a) people from minoritised ethnic communities who use IAPT Services, and b) therapists providing treatment in IAPT services
- Surveys of IAPT clinical leads and service commissioners
- Rapid literature review

NCCMH

NHS RACE & HEALTH OBSERVATORY

Summary

- This review tells a story of some progress and improved outcomes for minoritised ethnic groups, but with continued inequalities including between different minoritised ethnic groups.
- The review also found intersectional differences (for example, when other demographic characteristics, such as gender, socioeconomic status and age were taken into account)
- The Positive Practice Guide is better understood by services than it is by commissioners, but more should be done to implement its recommendations

NCCMH

NHS RACE & HEALTH OBSERVATORY

Recommendations

All recommendations should be implemented in collaboration with people who use NHS Talking Therapies for anxiety and depression

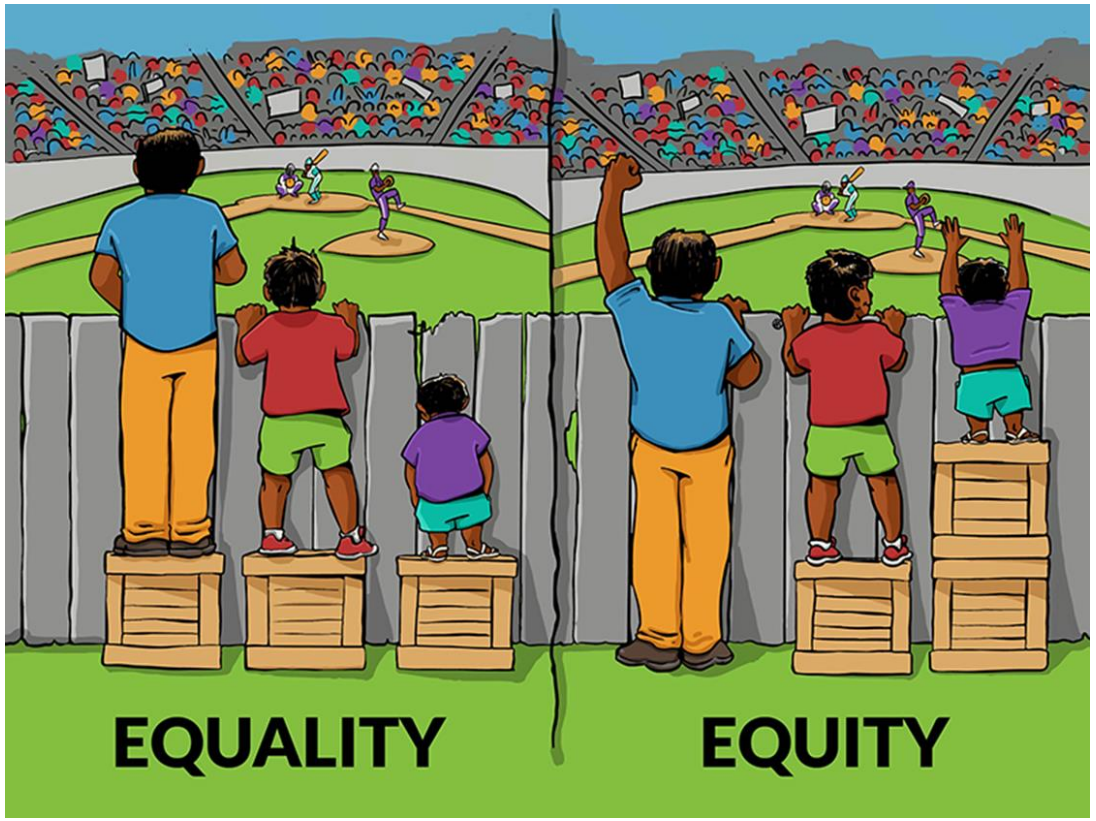
- Influencing system leaders to respond to the findings of this report, understand and use their local data, and identify the resources needed to implement these recommendations

- Implementing the IAPT Black, Asian and Minority Ethnic Service User Positive Practice Guide

- Meeting the aims of the Patient and Carer Race Equality Framework (PCREF), through:
  - Community engagement
  - Providing culturally sensitive care
  - Advancing equality

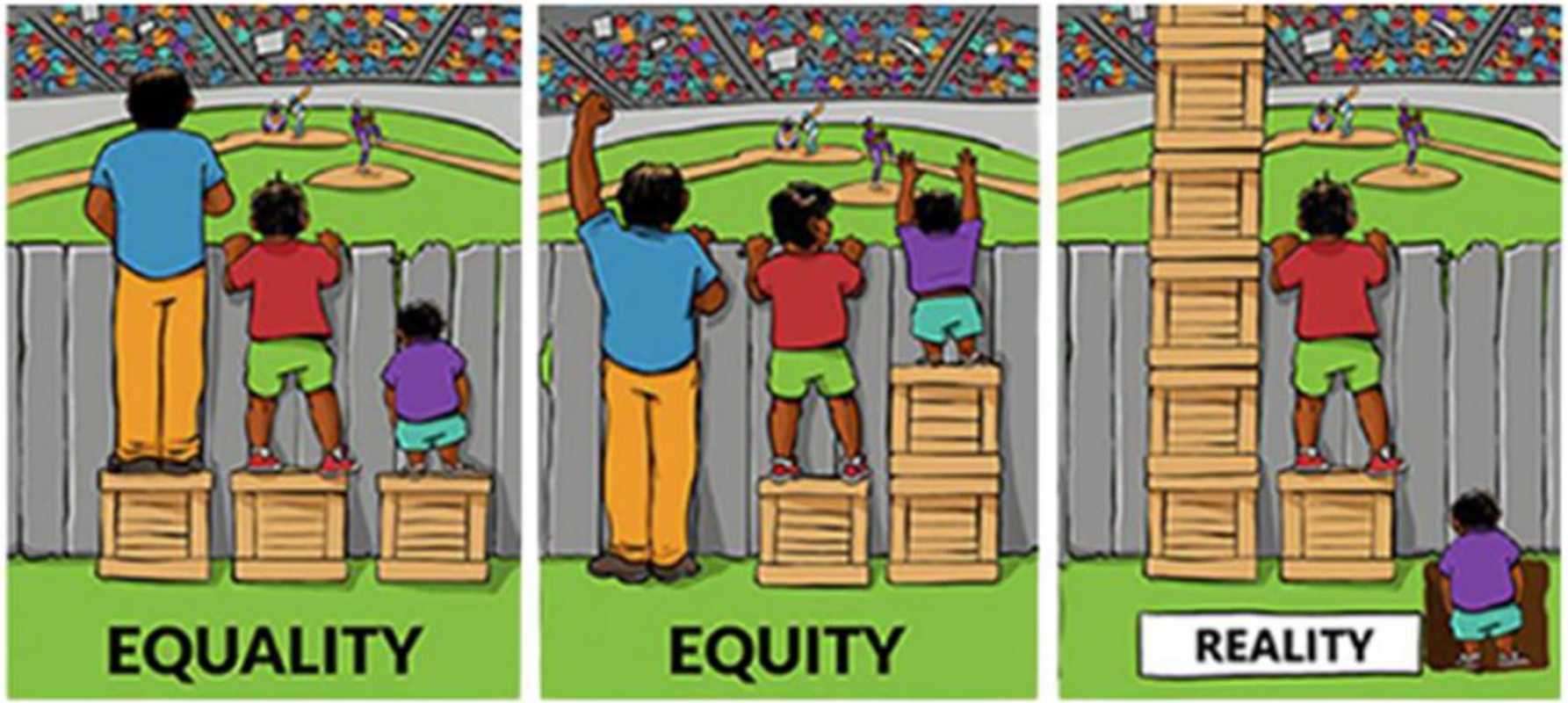
- Workforce: ensuring a diverse and skilled workforce through:
  - Training and competence
  - Recruitment and retention

Equality and Equity

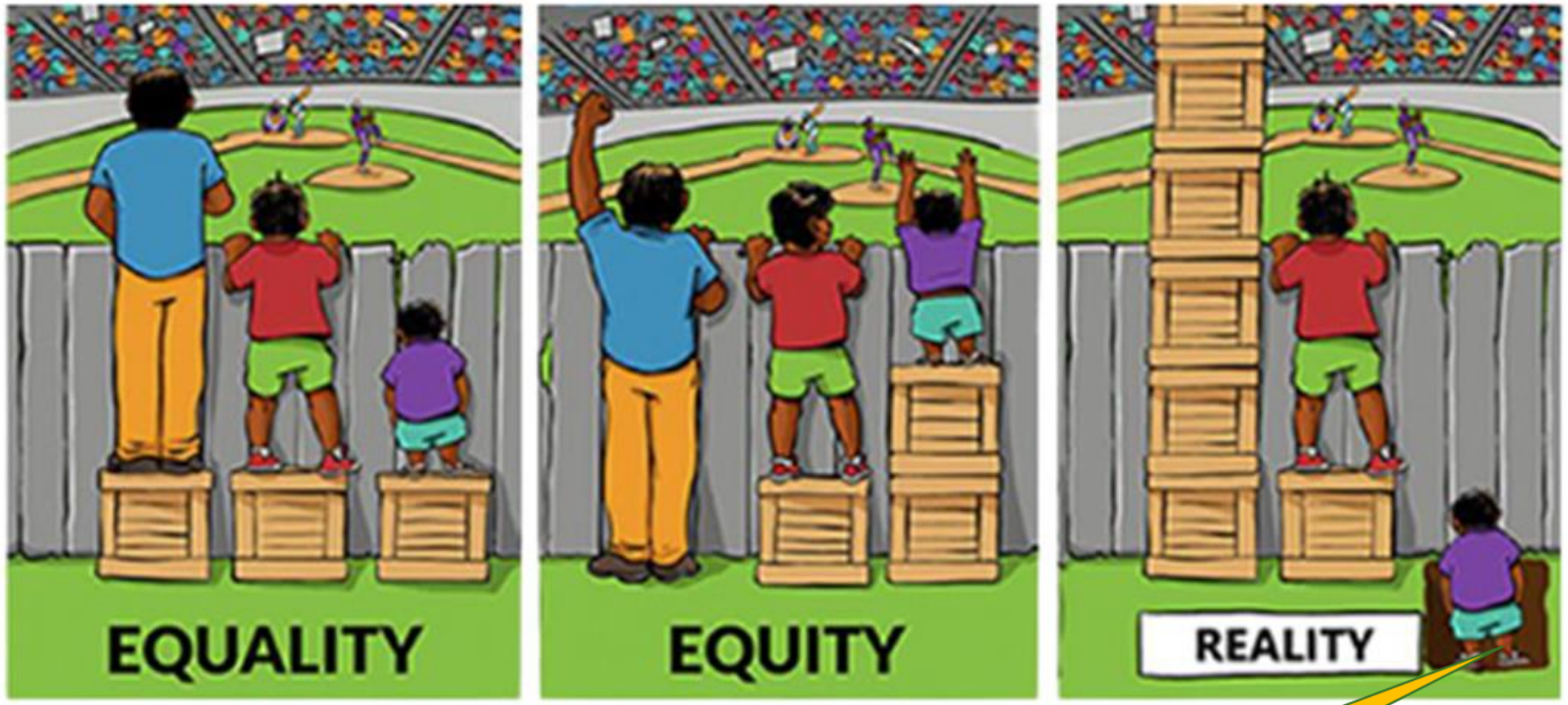


"Interaction Institute for Social Change | Artist: Angus Maguire."

Equality and Equity but ……



Equality and Equity but ……



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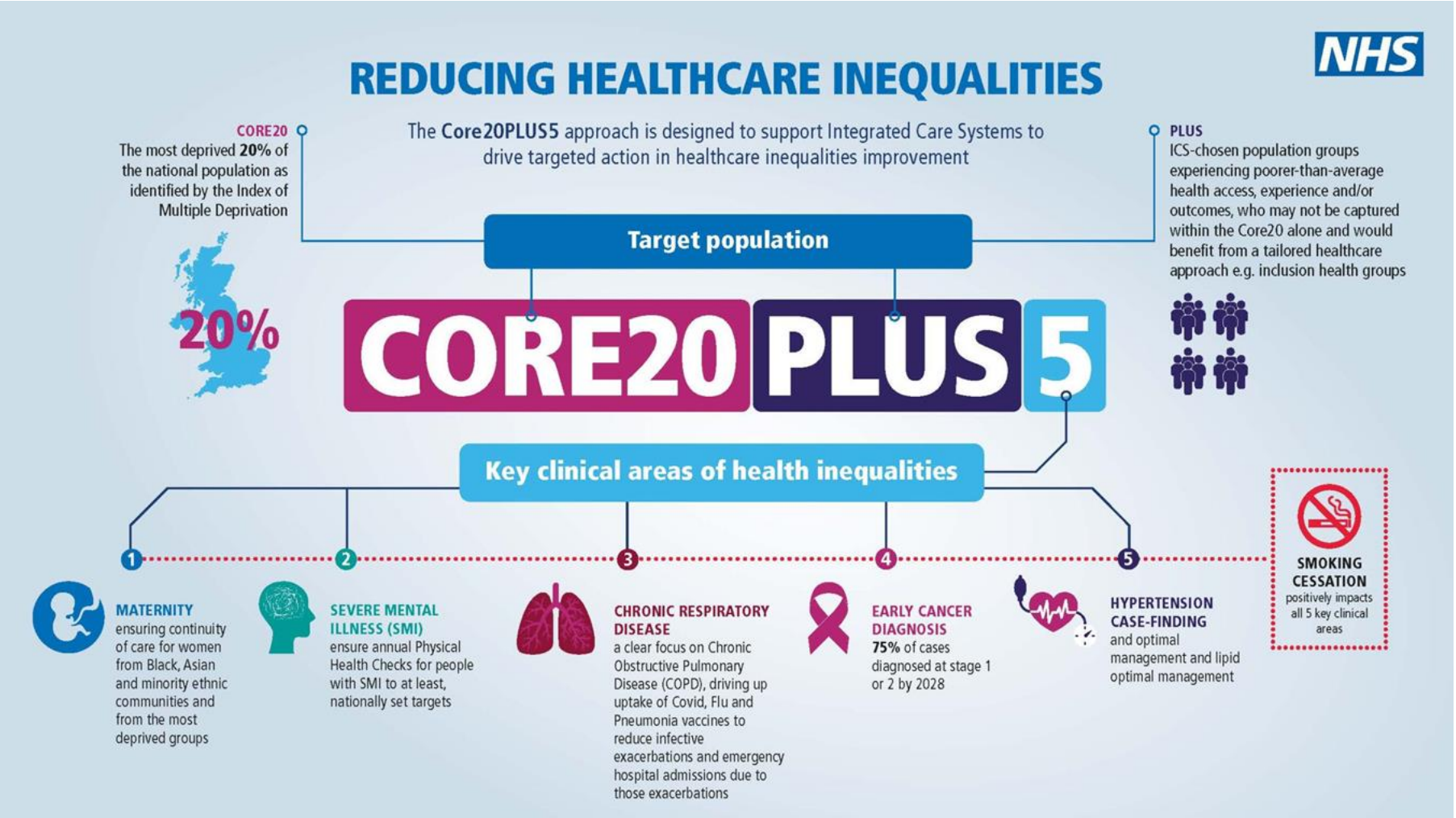
CORE20PLUS5



https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

The Gardener's Tale, the Cliff of good health and other allegories on race and racism by Dr Camara Jones

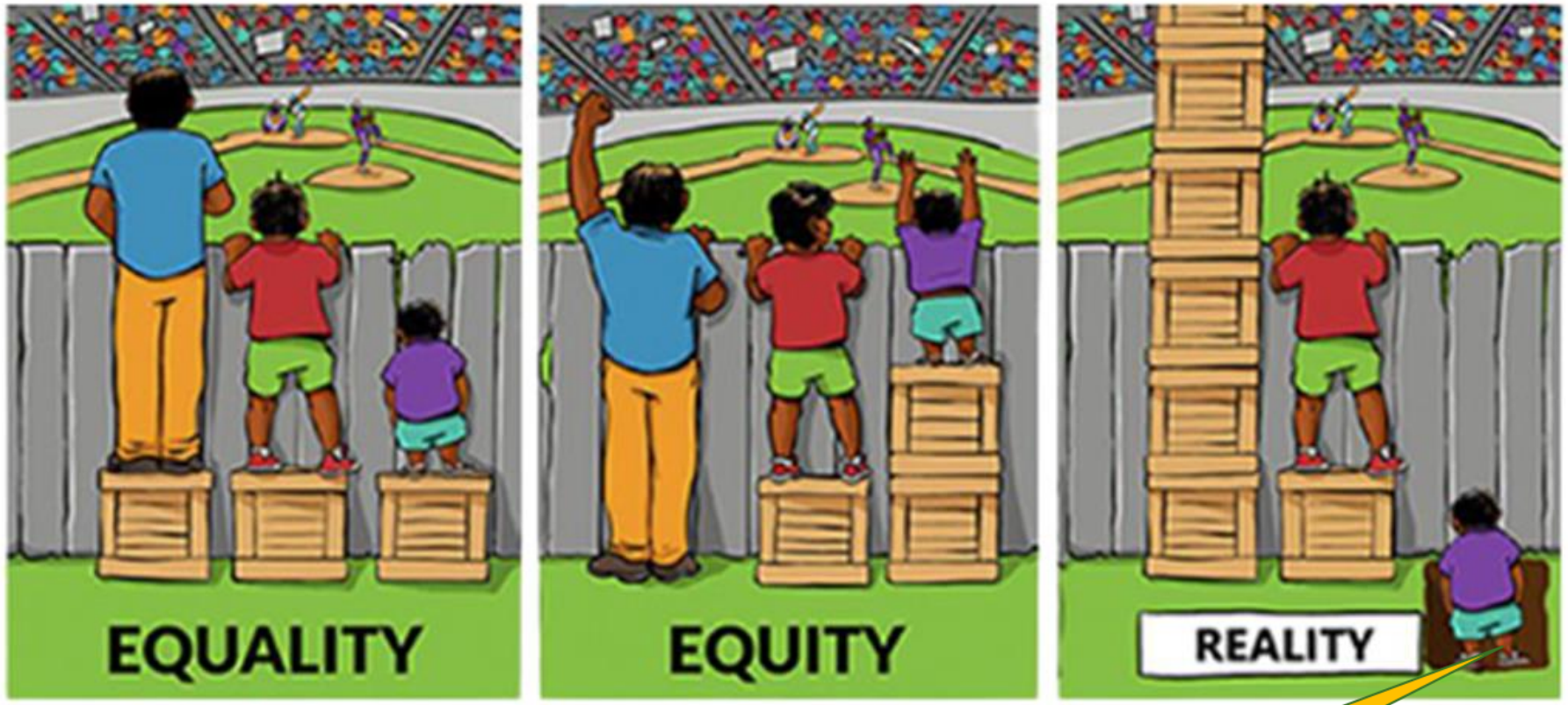
Cliff of good health (15 minutes)

- https://www.youtube.com/watch?v=2zAol4eKdFo

Allegories on race and racism (75 minutes)

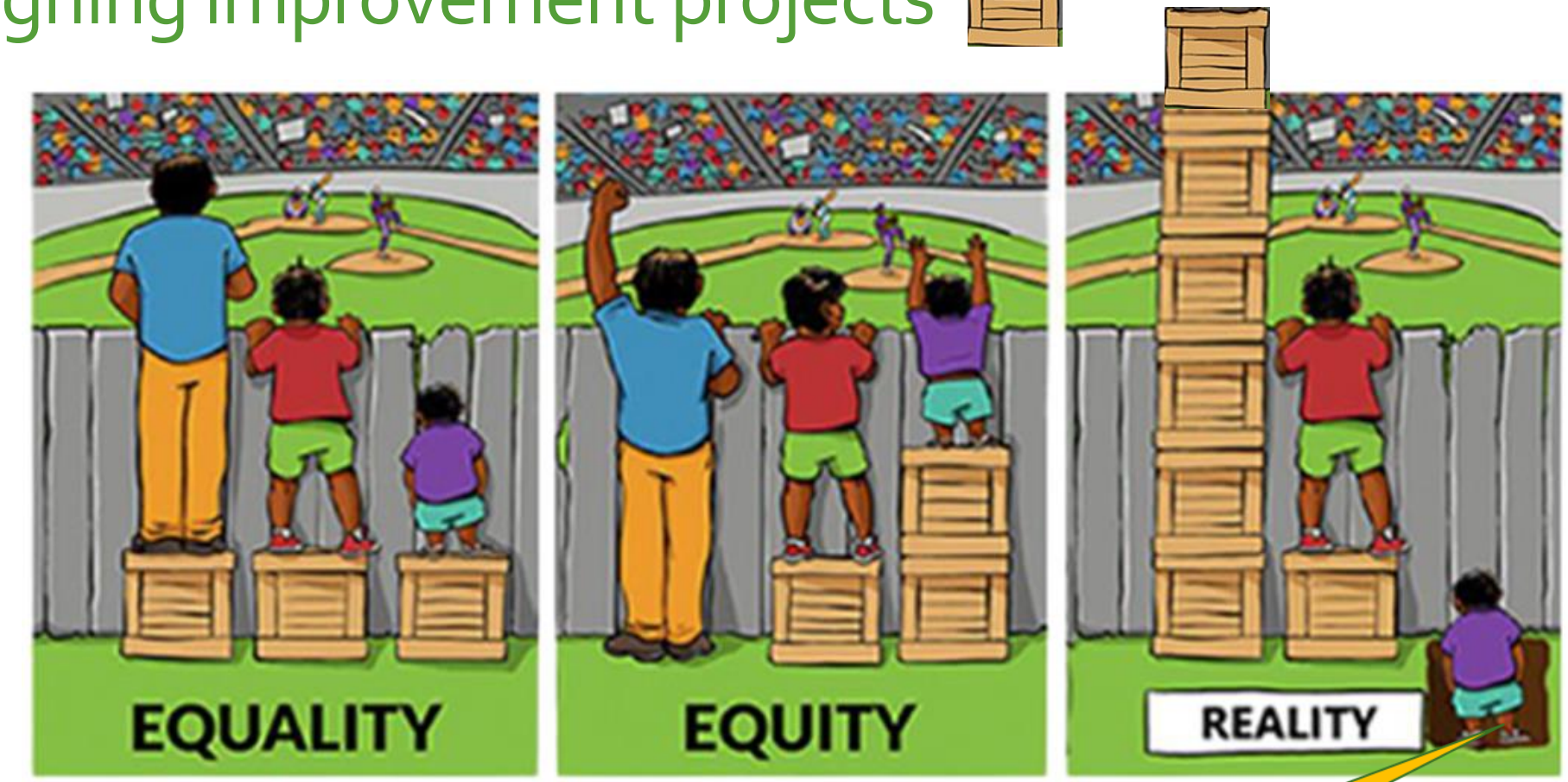
- https://www.youtube.com/watch?v=r3LfB7hoM9k

Designing improvement projects



Core20PLUS5

Designing improvement projects



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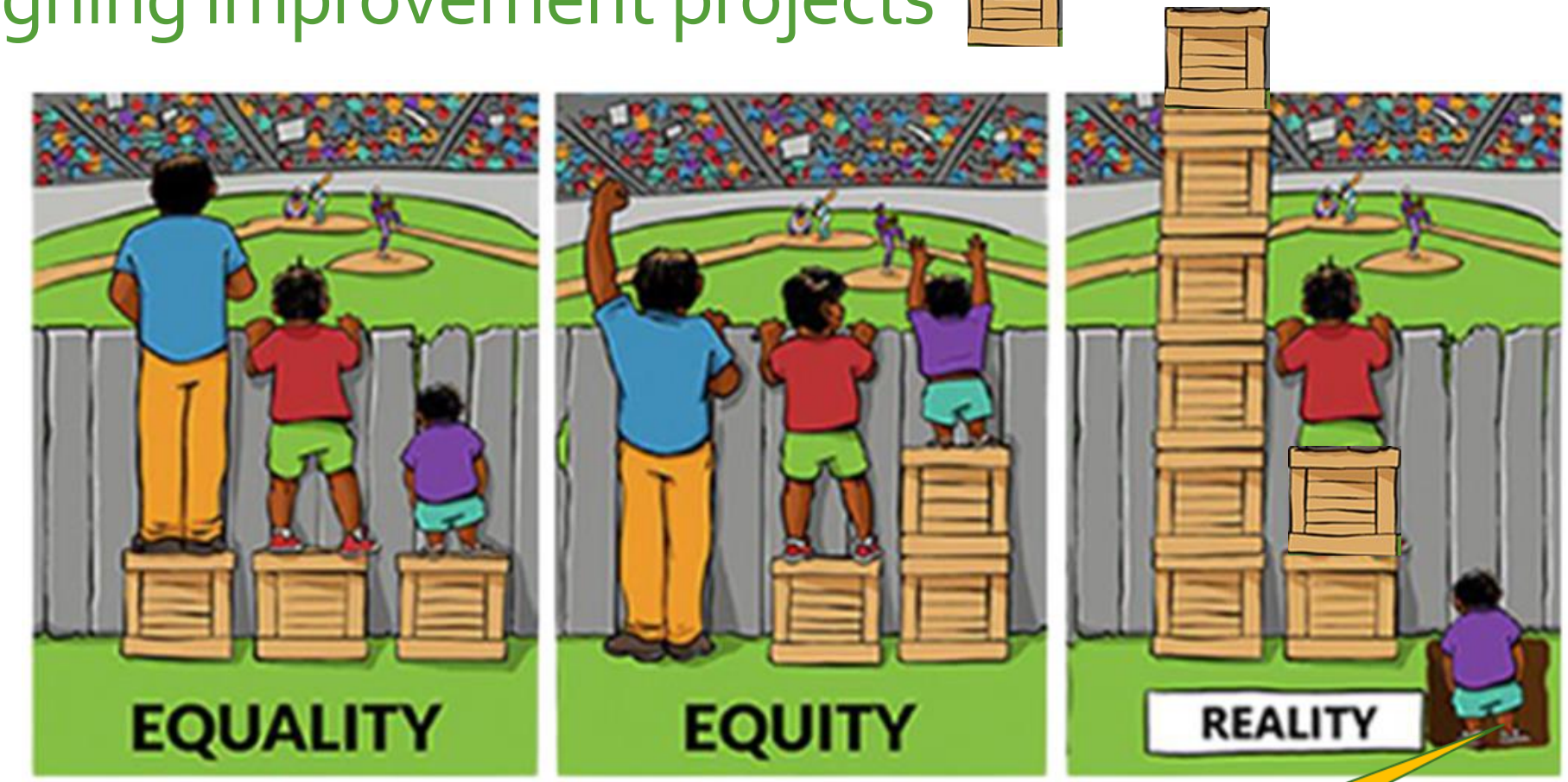
Designing improvement projects



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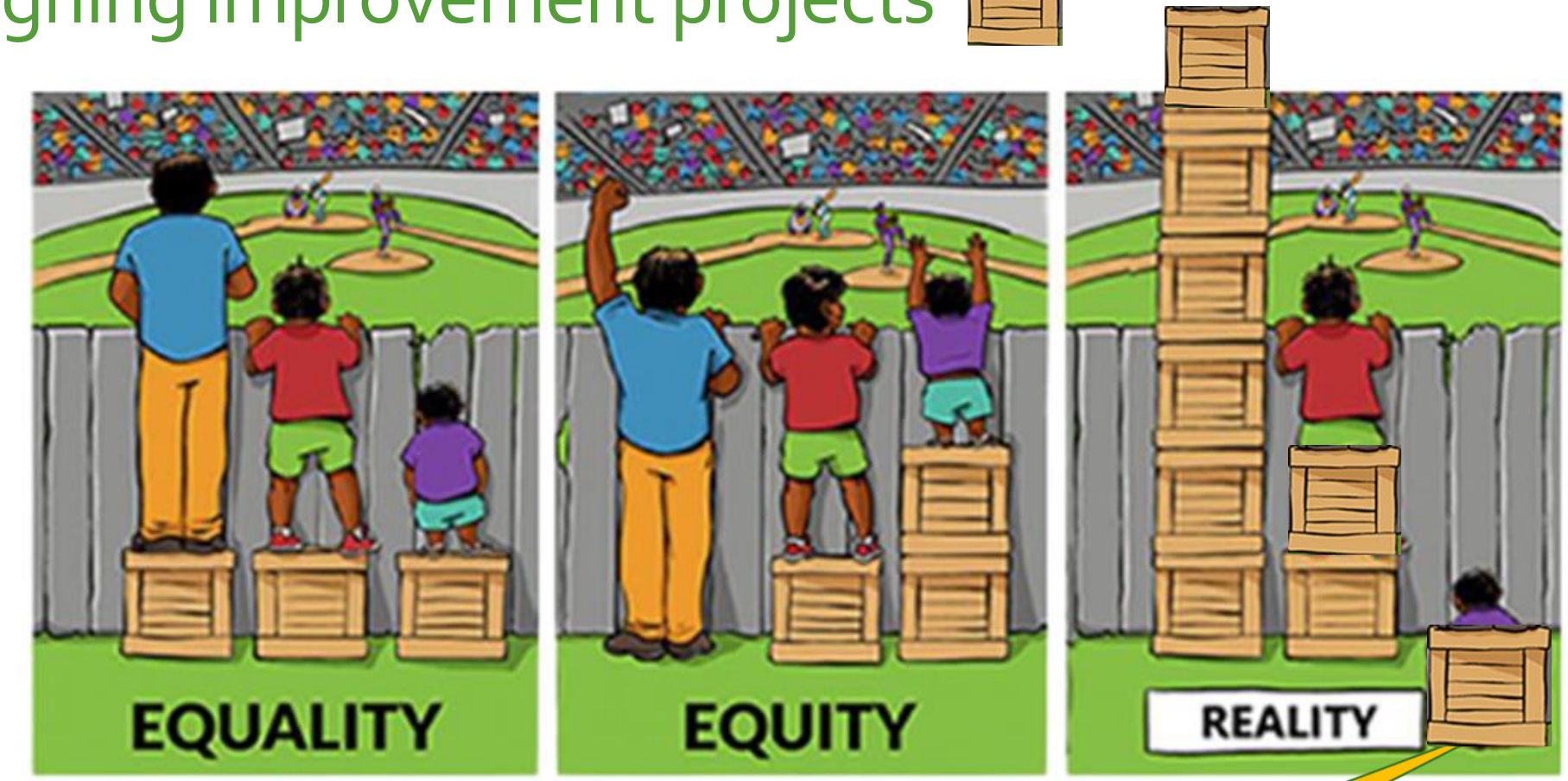
Designing improvement projects



Adapted by Amrit Sachar

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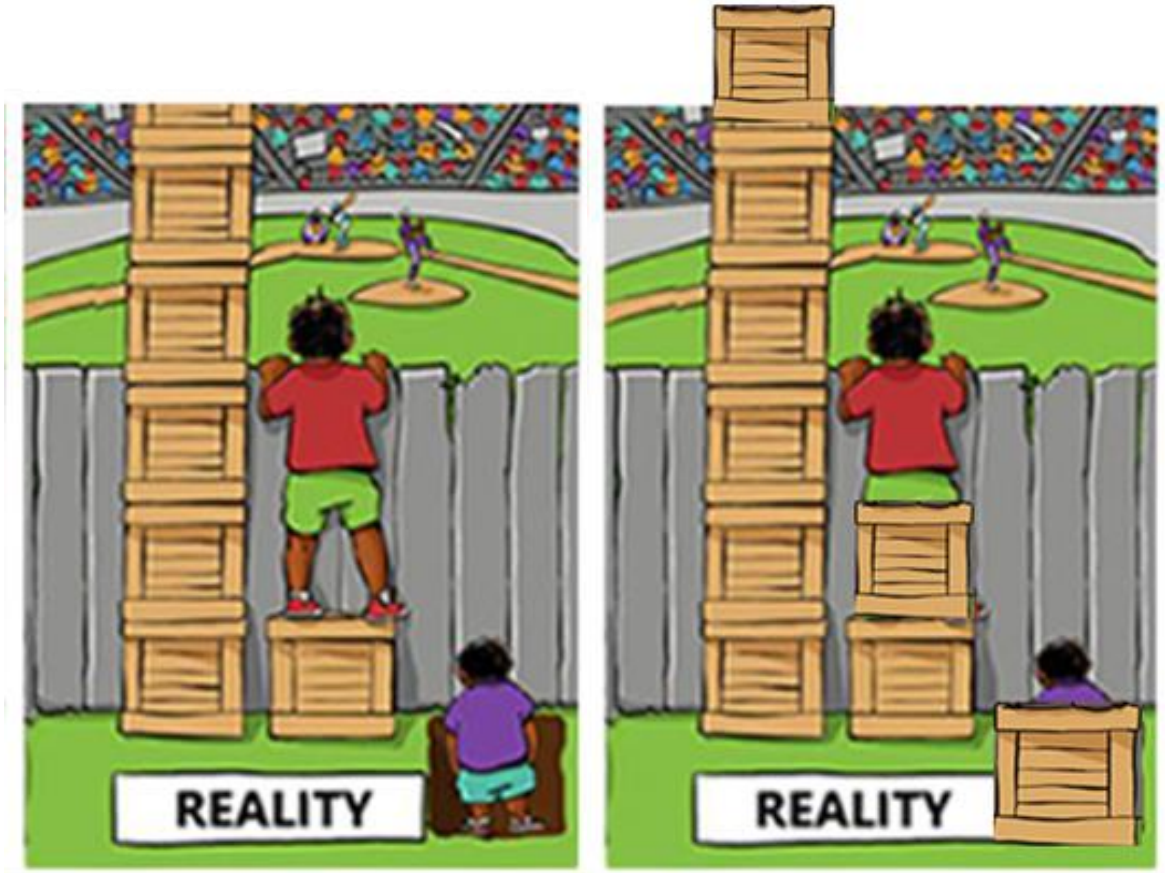
EQUAL IMPROVEMENT INITIATIVES =



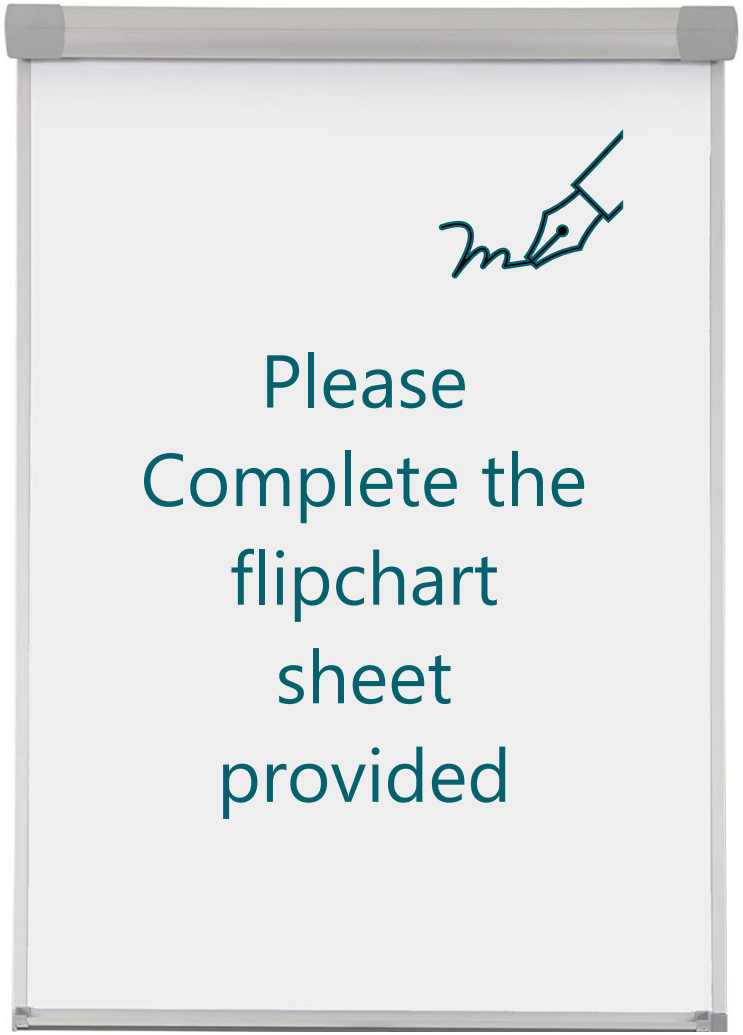
Adapted by Amrit Sachar

25 mins

Team work

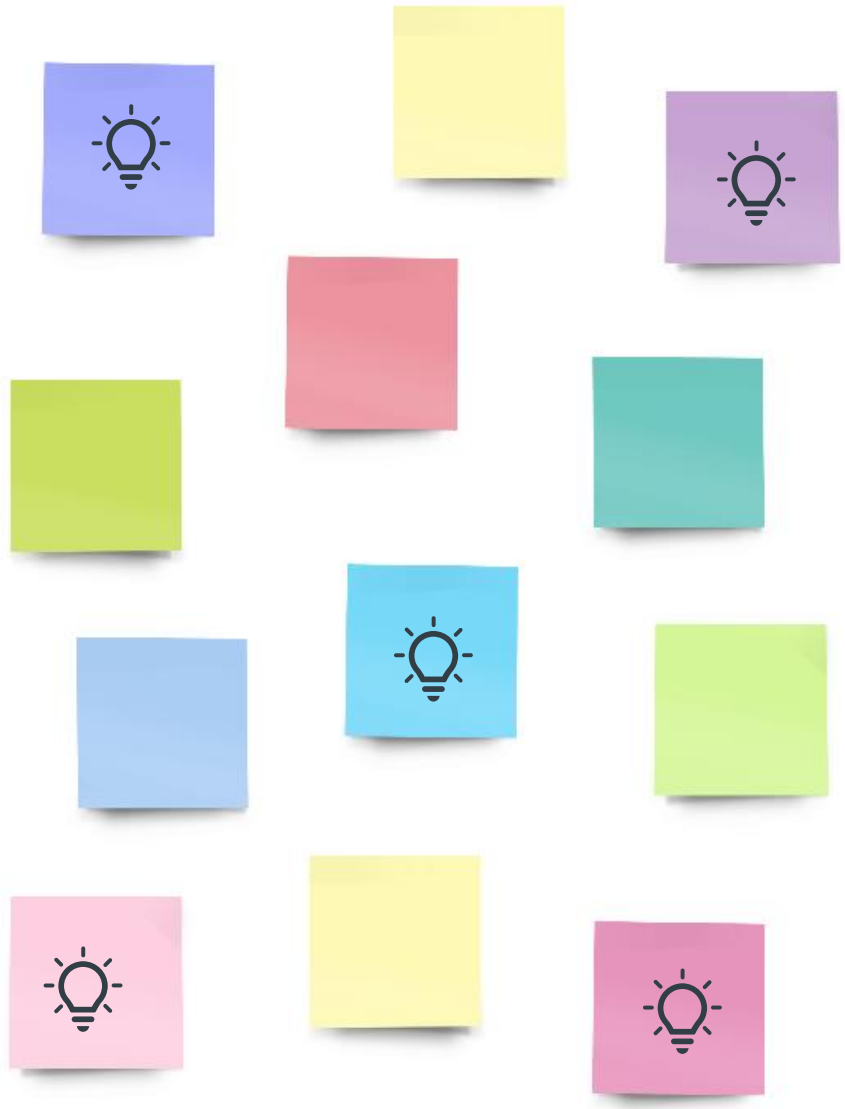
In your teams, discuss…

- What are the inequities in your local area?
- Think about one or more change idea(s) you're currently testing. Are they equal and equitable, or just equal?
- Are there any groups/populations that it might not improve things for, or negatively impact?
- How can you address this? How would you make them equitable? Who are your stakeholders/enablers?



25 mins

Networking



- Walk around the room to see other teams' plans – *one person from the team stays with their flipchart.*
- Using sticky notes, add ideas and suggestions to other teams' flipcharts.
- *Don't forget* to write down ideas to take back to your projects!

15 mins

Team work

In your teams...

...incorporate what you've learnt in the networking session and create SMART actions to take back.

Feedback and close

- We value your feedback as this helps us to continue to improve these events.

- **Please use the QR displayed here,** or the paper copies on your tables.