Demand, Capacity & Flow QI Collaborative

Learning Set 5
Tuesday 16 April 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 **12:35-13:25** and will be served on the **Mezzanine** and 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.
- We have two separate prayer rooms, please speak to a member of the team who will direct you to them.
- 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!!

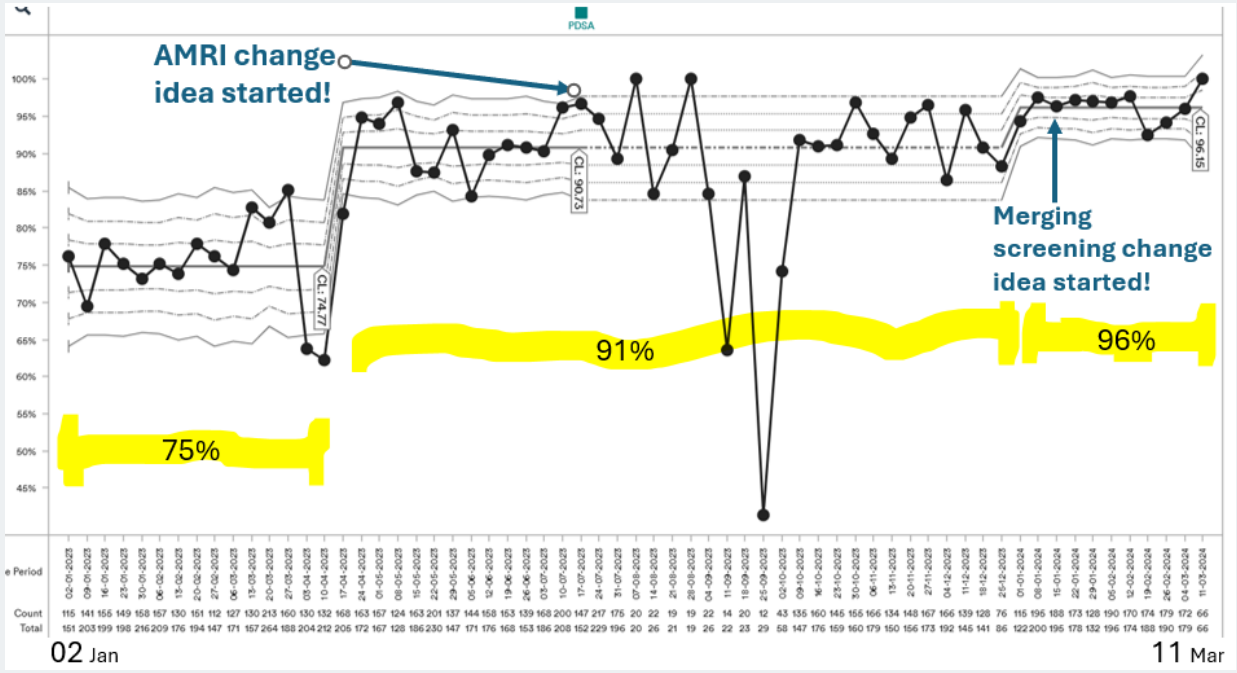
Today's agenda

Time	Item	Speaker
10:30-10:45	Welcome, housekeeping and recap	Emily Cannon, Head of Quality Improvement
10:40-11:05	Hearing from Coventry and Warwickshire Partnership NHS Trust – South Warwickshire Community and Wellbeing Team	Suzanne Madel Williams, Operational Place Manager Jodie Shephard, Head of Place South Warwickshire
11:05-12:35	Networking and Sharing	Amar Shah, National Improvement Lead, RCPsych
12:35-13:25	Lunch	
13:25-13:50	Hearing from Cambridge and Peterborough NHS Foundation Trust – Cambridgeshire Lifespan Autism Spectrum Service (CLASS)	Janine Robinson Kailash Ludhor Andrea Woods, Jasmine Taylor Susanna Snell
13:50-14:30	Supporting people to engage: some thoughts from lived and learned experience.	Ben, DC&F Patient and Carer Representative
14:30-14:55	From testing to implementing	Renata Souza, Senior Quality Improvement Advisor
14:55-15:00	Feedback and close	Jaz Seehra, Quality Improvement Coach, NCCMH

Since the last learning set in January

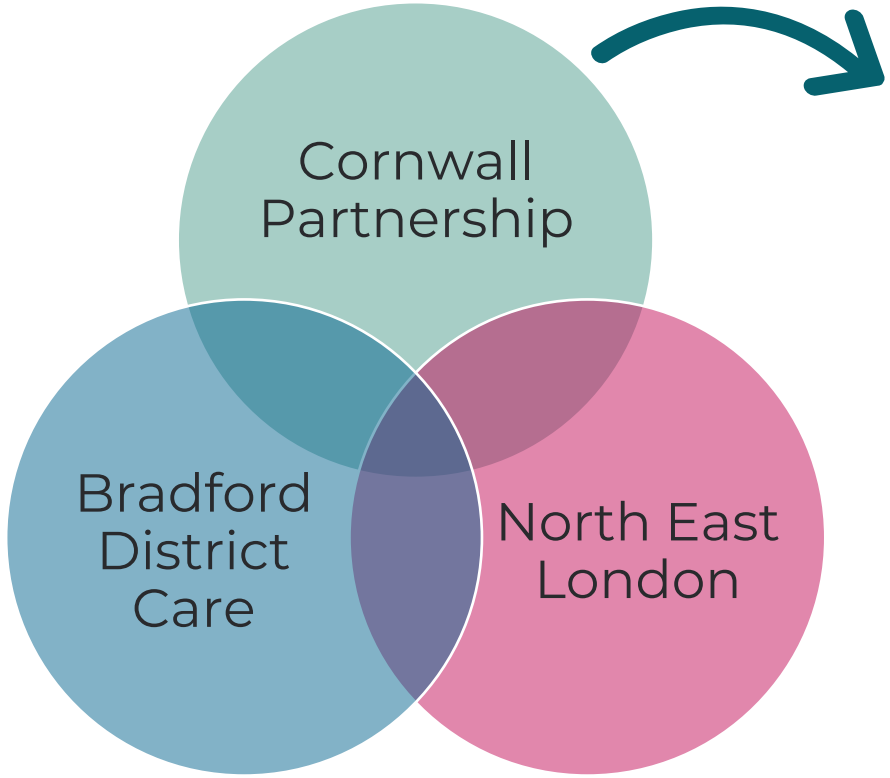
Teams have started to see improvement in their data

Hounslow talking therapies saw a 'shift' in the the weekly percentage of referrals outcomed (offered assessment) within 7 working days.

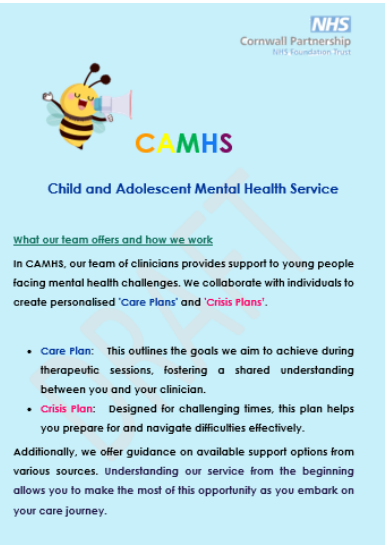


...have continued to collaborate and share ideas

We held two **virtual sessions for QI leads** supporting DCF teams. Thank you Caroline (from Bradford) for suggesting it!



The **CAMHS teams** are organising a joint meeting


NHS Cornwall Partnership NHS Foundation Trust

CAMHS

Child and Adolescent Mental Health Service

What our team offers and how we work

In CAMHS, our team of clinicians provides support to young people facing mental health challenges. We collaborate with individuals to create personalised 'Care Plans' and 'Crisis Plans'.

- Care Plan: This outlines the goals we aim to achieve during therapeutic sessions, fostering a shared understanding between you and your clinician.
- Crisis Plan: Designed for challenging times, this plan helps you prepare for and navigate difficulties effectively.

Additionally, we offer guidance on available support options from various sources. Understanding our service from the beginning allows you to make the most of this opportunity as you embark on your care journey.

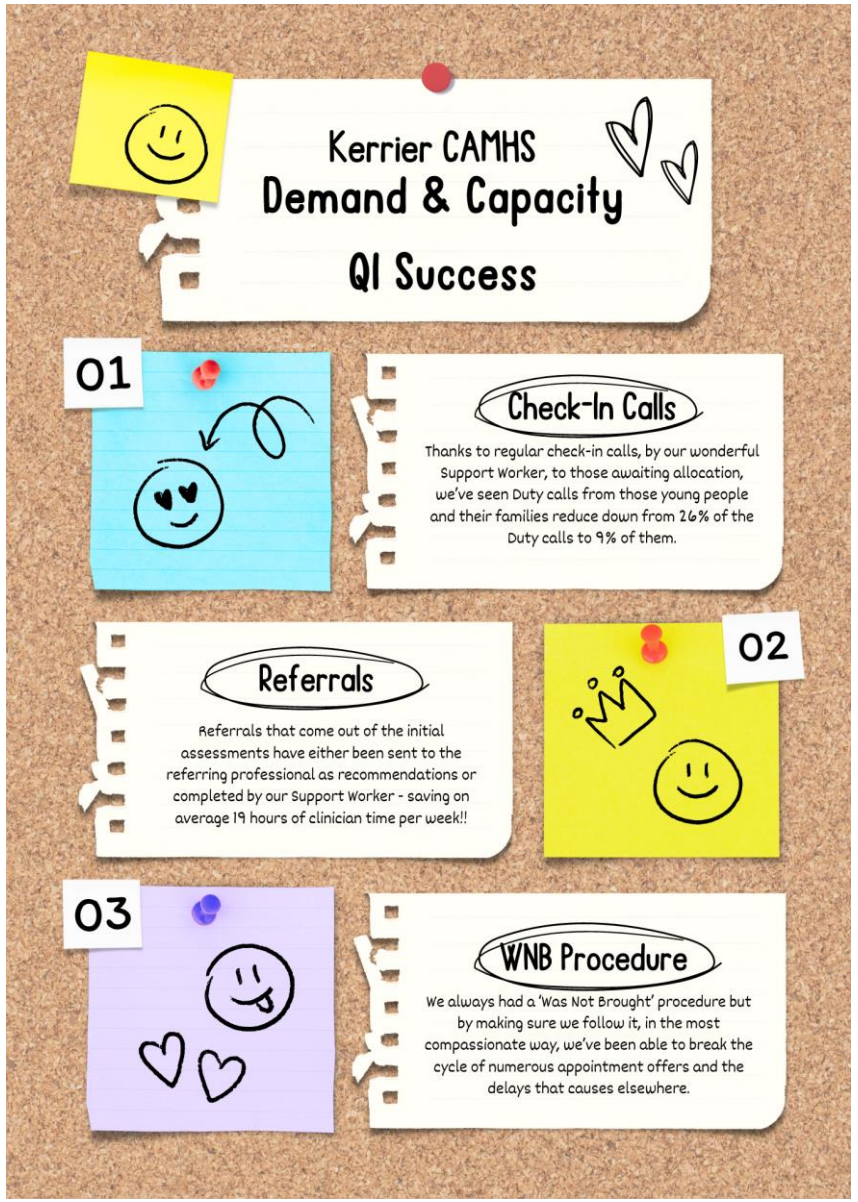
The CAMHS agreement Cornwall shared at the last learning set is being adapted by other teams

...and celebrate successes

The **Cambridgeshire Lifespan Autism Spectrum Service** are presenting a poster about their DC&F project at the Royal College of Psychiatrists International Congress in Edinburgh in June

> ***There were long waits, people getting lost in the system and letters that weren't the most inviting. Our waits are down from 4 months to 6weeks for assessments – we are outcoming appointments, agreeing interventions and we've come a long way in a short space of time. In the face of so much change and overwhelm, we've brought the teams back together and feel a real sense of pride at what we've achieved***

Community Mental Health and Wellbeing Team South Warwickshire



Coventry and Warwickshire Partnership NHS Trust
South Warwickshire Community and Wellbeing Team

Quality Improvement through reducing DNA's whilst undergoing Transformational Change

Jodie Shepherd – Head of Place Warwickshire

Suzanne Madle – Williams – Operational Place Manager

NHS
Coventry and Warwickshire Partnership
NHS Trust

People at our heart

Community Mental Health Services

Our Community Mental Health Teams were separated into Integrated Practice Units age independent services

- IPU 3-8 (non – psychosis)
- Early Intervention
- IPU 11-17 (Psychosis)
- Dementia

In 2021 we embarked on our Community Transformation Programme over 3 years and have come to the end in April 2024.

Where our QI journey started

Our capacity was limited, demand increasing, and our flow of patients was not equitable to the needs of those needing support

We started the Quality Improvement Project in two areas Coventry & South Warwickshire to look at mapping out the processes.

Through starting the project, we then decided that the area of scope across two areas is too large, and we focused on one area to maximise the results

NHS
Coventry and Warwickshire Partnership
NHS Trust

People at our heart

Once the work started within South Warwickshire we wanted to be focus on the demand, capacity and flow in a specific team.

An area we wanted to focus on was our waits for assessment and the large number of appointments patient had DNA'd. This meant that those people needing support were waiting up to 18 weeks for an appointment which is not quick enough

So we brainstormed change ideas…..

Our change ideas

Updating of appointment letter

Short notice assessment bookings

Increasing assessment slots

More frequent MDT's to process referrals

Out of hours assessments permanent

People at our heart

Expert by Experience Involvement

As part of our project, we have had two EBE's who have worked with us throughout the project. Initially Lee was working with us and then Robin became a part of the team.

Robin's involvement throughout the project has been a key part of all the change ideas, planning phase, and doing.

- Robin was able to give us feedback how it would feel to receive our letter at the time
- We coproduced our assessment letter together
- Robin helped us to write and think about the language, NHS jargon and phrasing of our letter
- Robin has been able to present our coproduced letter to our design authority and other EBE's and was able to provide further thoughts and feedback for us to implement into the letter

Coventry and Warwickshire Partnership NHS
NHS Trust

Community Mental Health & Wellbeing Team
St Mary's Lodge
12 St Mary's Road
Leamington Spa
Warwickshire CV31 1JN

Tel: **01926 339261**

Stratford Healthcare
Building 2, Ground floor
Arden Street
Stratford Upon Avon
CV37 6NQ

Tel: **0300 303 4017**

Ref: …/NHS No:

2023

Private & Confidential

Dear

Re: Mental Health & Well Being - South Warwickshire Assessment Appointment

Further to your referral to the Community Mental Health Service, I am writing to confirm the following appointment has been arranged for you.

Date:

Time:

Venue: **Face to Face**
Stratford Healthcare
Building 2, Ground floor
Arden Street
Stratford Upon Avon
CV37 6NQ

In line with the Trust Non-Attendance Policy if you are unable to attend this appointment and would like to reschedule, please contact us on 01926 339261 or 0300 303 4017. If you are late for your appointment, unfortunately we may need to reduce your appointment time or re-book your appointment.

During the consultation please could you have a list of **ALL** your medication available as this may be asked for.

Coventry and Warwickshire Partnership NHS Trust is a teaching centre and from time to time there may be healthcare students within the clinic. If you do not wish to be seen by a student, please inform us prior to your appointment.

If you, those accompanying you, or anyone in your/their household, have symptoms of coronavirus (COVID-19), please do not attend your appointment – please check the www.Gov.uk for guidance and support.

Please be aware there are no facilities to leave children unattended at your appointment.

The Trust holds and uses your personal and sensitive health information in line with the General Data Protection Regulations (GDPR) and the Data Protection Act.
If you wish to find out more about how we use your data, please see the Trust's Privacy Notice on our website at www.covwarkpt.nhs.uk/privacy and also find details of the Trust's Data Protection Officer who can advise further.

The Trust is committed to providing full access to those with disabilities or additional needs, should you require any assistance please contact us on 01926 339261 quoting your NHS number printed at the top of this letter.

Coventry and Warwickshire Partnership NHS Trust is a smoke free NHS organisation, this means you will not be able to smoke anywhere in the Trust buildings and grounds.

As you are aware the situation the NHS is facing including mental health services changes day by day. Therefore, this appointment may be cancelled at short notice.

Yours sincerely

Community Mental Health & Wellbeing Team – South Warwickshire

Private & Confidential

NHS Number
Our Ref
Date

PRIVATE AND CONFIDENTIAL

Community Mental Health Team
St Mary's Lodge
12 St Mary's Road
Leamington Spa
Warwickshire CV31 1JN
Tel: **01926 339261**

Stratford Healthcare
Building 2, Ground floor
Arden Street
Stratford Upon Avon
CV37 6NQ
Tel: **0300 303 4017**

Your upcoming appointment with the Community Mental Health Team

Dear [patient first name],

We have booked you an appointment with our **Community Mental Health Team** at **St Mary's Lodge.**

Appointment type: Face to Face Appointment

Date: **[day, date, month, year]**

Time: **[time 12hr]**

Location: **St Mary's Lodge**
12 St Mary's Road
Leamington Spa
Warwickshire
CV31 1JN

We will give you a call on (INSERT PATIENTS CURRENT NUMBER) before your appointment to remind you. If your details have changed, please give us a call to let us know.

Getting to your appointment

To support you and the appointment, aim to get to us 10 minutes early to give us time to check you in. The receptionist will do this for you and let the clinician know you have arrived.

We have included a map with information about parking, do take a look – it provides all the information you need.

St Mary's Lodge

We are accessible by various buses. The walk from each bus stop is 2 - 5 minutes.

The closest train station is Leamington Spa, then a 15-minute walk (0.7miles).

How to change your appointment

If you no longer need an appointment or if you are unable to attend, please contact us as soon as you can. This will prevent you having to wait a longer time for a re-booked appointment.

Some people prefer different types of appointments. If you would like a telephone or video appointment instead, we are more than happy to book you in.

Contacting us

If you have any questions about your appointment or need to let us know about anything that makes getting to us difficult, please call us on **01926 339261.** We are happy to help and have a friendly admin team.

If your mental health deteriorates before your appointment and you require further support, please contact the Mental Health Access Hub on **08081 966798**.

Feedback from EBE / Design Authority

The feedback is very positive. The theme of the feedback that its not a letter telling you that you have an appointment, its a letter that is welcoming you to the appointment and trying to facilitate your journey to it. We get the impression that you would like us to attend this appointment. Its easier to understand.

Aim: Reduce the amount of time taken that patients are waiting from referral to assessment by 50% by June 2024

So where are we now??

We are in the testing phase of the project and our new assessment letter has been rolled out and has been live since 4th March 2024.

Our first assessments using our new template is due to take place on 24th April 2024

We are in the process of developing a feedback form to give to the people who received our new template to gather the views of those accessing our services

NHS
Coventry and
Warwickshire Partnership
NHS Trust

We will then review the feedback and will look to make any changes identified / required and will go back to sending out a revised letter.

We will also be able to look at the number of people who have DNA'd their appointment since the implementation of the new letter and compare this to see if there are any changes.

Compassion

People at
our heart

What have been our challenges?

NHS
Coventry and Warwickshire Partnership
NHS Trust

Community Transformation

Time

Capacity & Demand

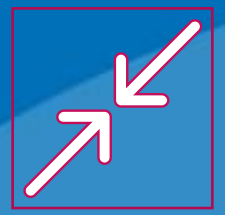
Processes

Structural Changes

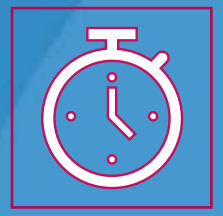
People at our heart

What has worked well?

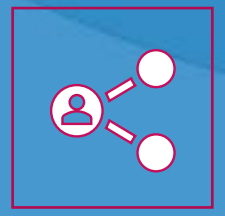
Coproduction at the heart



Support from Exec's to reduce "red tape"



Support and involvement from Adele, EBE's, Managers, Admin & Team



Reduced our waiting time

NHS
Coventry and Warwickshire Partnership
NHS Trust

People at our heart

Our Story

There were long waits, people getting lost in the system and letters that weren't the most inviting. Our waits are down from 4 months to six weeks for assessments – we are outcoming appointments, agreeing interventions and we've come a long way in a short space of time. In the face of so much change and overwhelm, we've brought the teams back together and feel a real sense of pride at what we've achieved.

NHS
Coventry and Warwickshire Partnership
NHS Trust

Respect

People at our heart

Community Transformation

Changed from IPU's to Community Mental Health teams

Aligning our CMHTs to Primary Care Networks and working to develop relationships and align a Consultant and a Team Manager to oversee each PCN within the CMHT

<u>Creation of new services</u>

- Primary Care
- Eating Disorders
- Enablement Team

NHS
Coventry and Warwickshire Partnership
NHS Trust

Excellence

People at our heart

What's next for Community Mental Health

NHS
Coventry and Warwickshire Partnership
NHS Trust

- Although transformation has ended it is still ongoing and we are operationalising the development of the new services
- We will continue to upskill our staff within the CMHT in their knowledge and confidence after the siloed working of the IPU's
- We are working towards our target of 4-week waiting time from referral to intervention
- From 1st April CMHT have taken back routine triage of referrals meaning that people will receive the right intervention, in the right place, at the right time

People at our heart

NHS
Coventry and Warwickshire Partnership
NHS Trust

Thank you for listening

Any questions?

People at our heart

Capturing your stories...

Dr Amar Shah
National Improvement Lead
Royal College of Psychiatrists

45 mins

Networking and sharing

- In your **groups of 2-3 teams**, each team have approx. **10-15 mins** to share your journey so far and share ideas, suggestions.
- Any learning and ideas you can take back to your projects?

25 mins

Networking and sharing

- Put your posters up on the boards in the mezzanine
- Spend time looking at everyone's work and continue sharing with each other!
- Any learning and ideas you can take back to your projects?

Lunch

12.35 - 13.25

Served in Room 1.6 & Mezzanine

NHS
Cambridgeshire and Peterborough
NHS Foundation Trust

Cambridgeshire Lifespan Autism Spectrum Service (CLASS)
Adult autism assessments

RCPsych QI Collaborative
16th April 2024

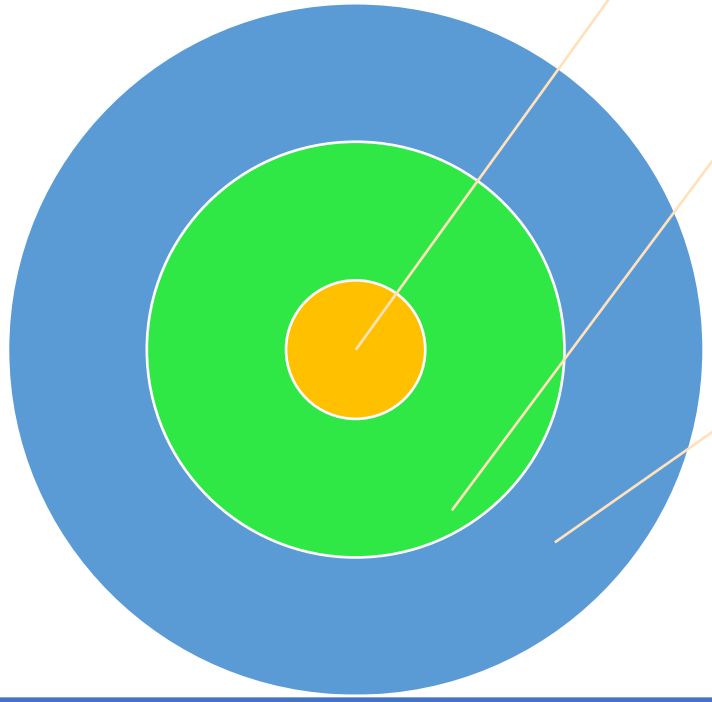
Janine Robinson
Kailash Ludhor
Andrea Woods
Jasmine Taylor
Susanna Snell

Pride in our adults and specialist mental health services

Our service

Specialist service	• Well-established service evolved from a charitably funded national service model (1999) • Commissioned to assess autism in adults 18+ years (without a LD diagnosis) • Serving people in C&P area, provided GP falls within commissioning region • Expanded commissioning to include time-limited, focused period of psychoeducation
Referral criteria & processes	• No self-referrals • GP referral processed by Primary Care Mental Health Service • Internal CPFT referrals from other CPFT mental health services, Staff mental health/occupational health • Right to choose
Commissioned to assess 300 people per year	• Referral rate increased over past 2 years • Demand exceed capacity • Training/liaison/capacity building • (Unintended consequences of QI Collaborative)
Multidisciplinary team	• Nursing, occupational therapy, psychology, psychiatry and speech and language therapy supported by administrative team • Trainees/students • Research support • Current vacancies – new posts to be filled: OT and psychology • PPI group • Volunteer –Overseeing our Library

Our QI project team



Core CPFT project team:

Project Lead: KL

Administration: IF

Clinical & project support: KT & IJ

Clinical Lead Referral/Screening Triage: AW

Clinical Lead Assessment: JR

Clinical Leads Post diagnostic support: AW&SS& CC

Primary Care Mental Health Service (primary referrers)

Lived Experience representative: (currently revising)

Fortnightly wider CLASS team meetings:

Management support & input

Clinical review and input

RCPsych input & Support

CPFT QI Advisor

Lived experience

Wider networks & stakeholders:

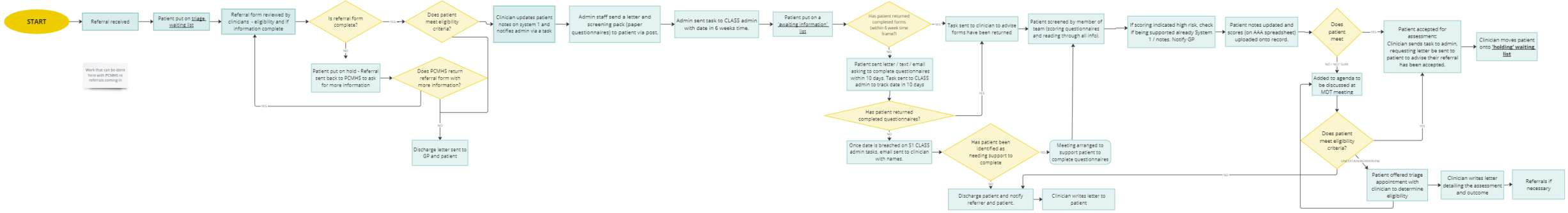
Lived experience

Quarterly Learning Sets

Service & Team managers	Administrators	CLASS MDT: Including trainees					
		Clinical psychologists	Consultant psychiatrist	Occupational therapist	Speech & language therapist	Assistant psychologists	Volunteer library support

Flow chart of CLASS pathway

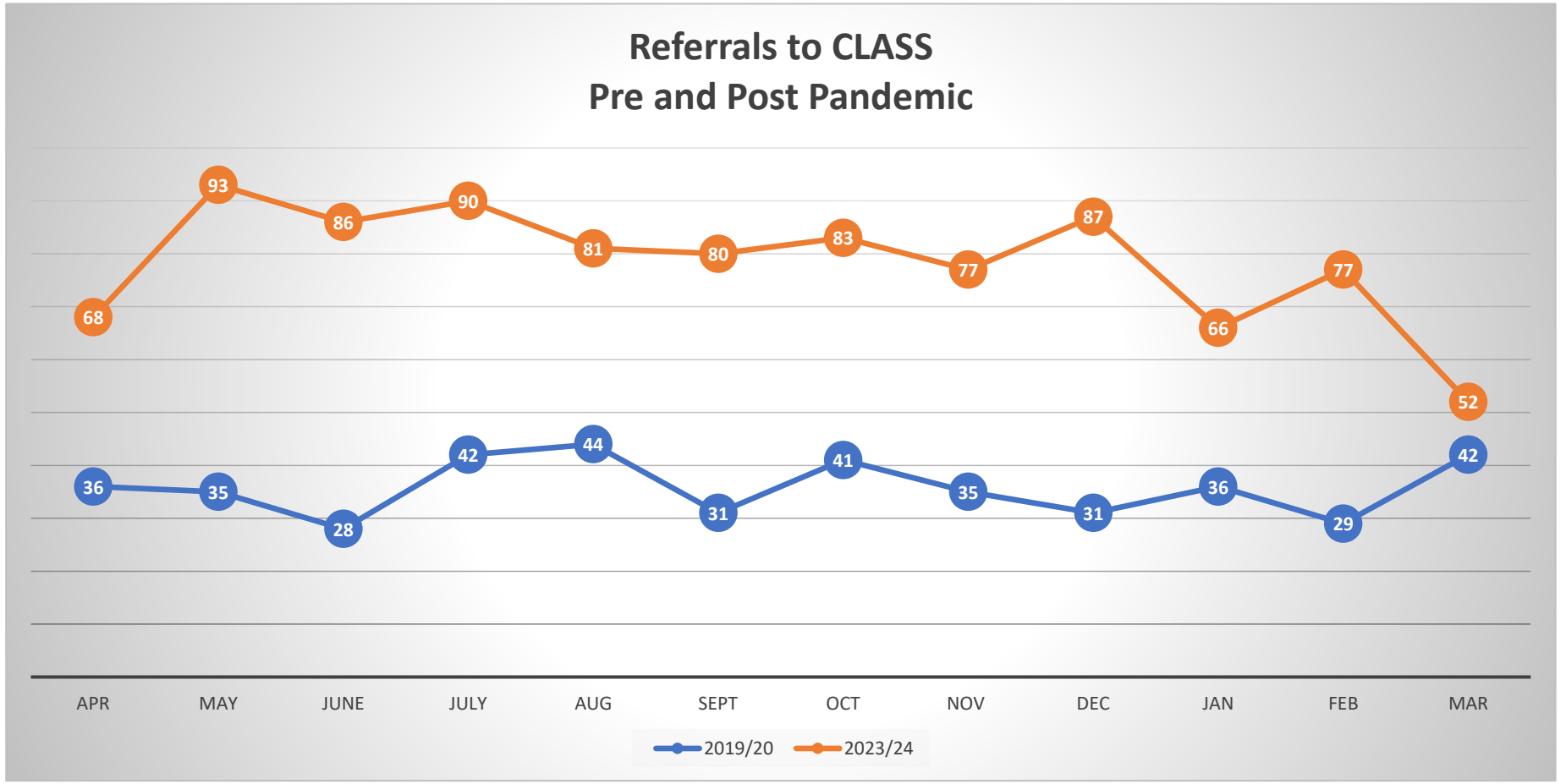
Mapped from referral > screening > waiting list > assessment > post diagnostic > discharge



Areas of focus: challenges, bottlenecks & data

Stage1	Stage 2	Stage 3	Stage 4	Stage 5
Identification & referral	**Screening & Triage**	**Pre-assessment**	**Assessment**	**Post-assessment/diagnosis**
Increase in referrals+++ 2019-2020 = 430 2022-2023 = 887 2023-2024 = 940 118% increase	2-stage screening time intensive	Long waits	Complete change in assessment processes since pandemic Conversion rates: 2019 80% 2023 79%	Reports lengthy/variable and take long Reports can be late owing to caseload and gaps for report writing Expectations/value of reports for whom
Increase in complexity	New process of triage – extra work or valuable/necessary	More people in crisis	More choice for people but impact on service is clear	Commissioned for psychoeducation Also offer sensory assessments, sensory group, vocational support, etc.
Poor quality referrals	Backlog & new referrals – need dedicated time of several people to keep on top of task	Requests to expedite+++ Results in MDT decisions and admin	More DNAs More time More difficult to get information	Evaluation not yet completed Too much choice might be overwhelming/limits offer for everyone
Change in process – no longer PCMH screening Possibly more inappropriate referrals Chasing information • Admin time • Delays for patient	Reflect on purpose of screening and triage If most get a Dx then should we accept everyone? Is screening/triage useful for certain purposes, e.g., discharge or planning assessment? If spend 1 hour with patient and Dx is highly likely why not Dx then? Duplication/Paperwork administration	Extends waiting time for others Whose responsibility to support? How much information to give, when and in what format? Texts/QR codes/letters? Keeping track of addresses/contact details, moving out of area/temporary addresses	A factor of pandemic Length of period on waiting list and increase in anxiety? Greater expectations of service New way of working – untested and less confident Easier to offer additional clinic slots online if unsure Not sure when is enough information Need to examine if conversion rates are lower	Chasing to get people signed up Extended periods before discharge from service More involved with people the greater the unmet need is in evidence CLASS takes on the work as others close their doors Model not sustainable given numbers/pressure for assessment/diagnostic clinicians' time

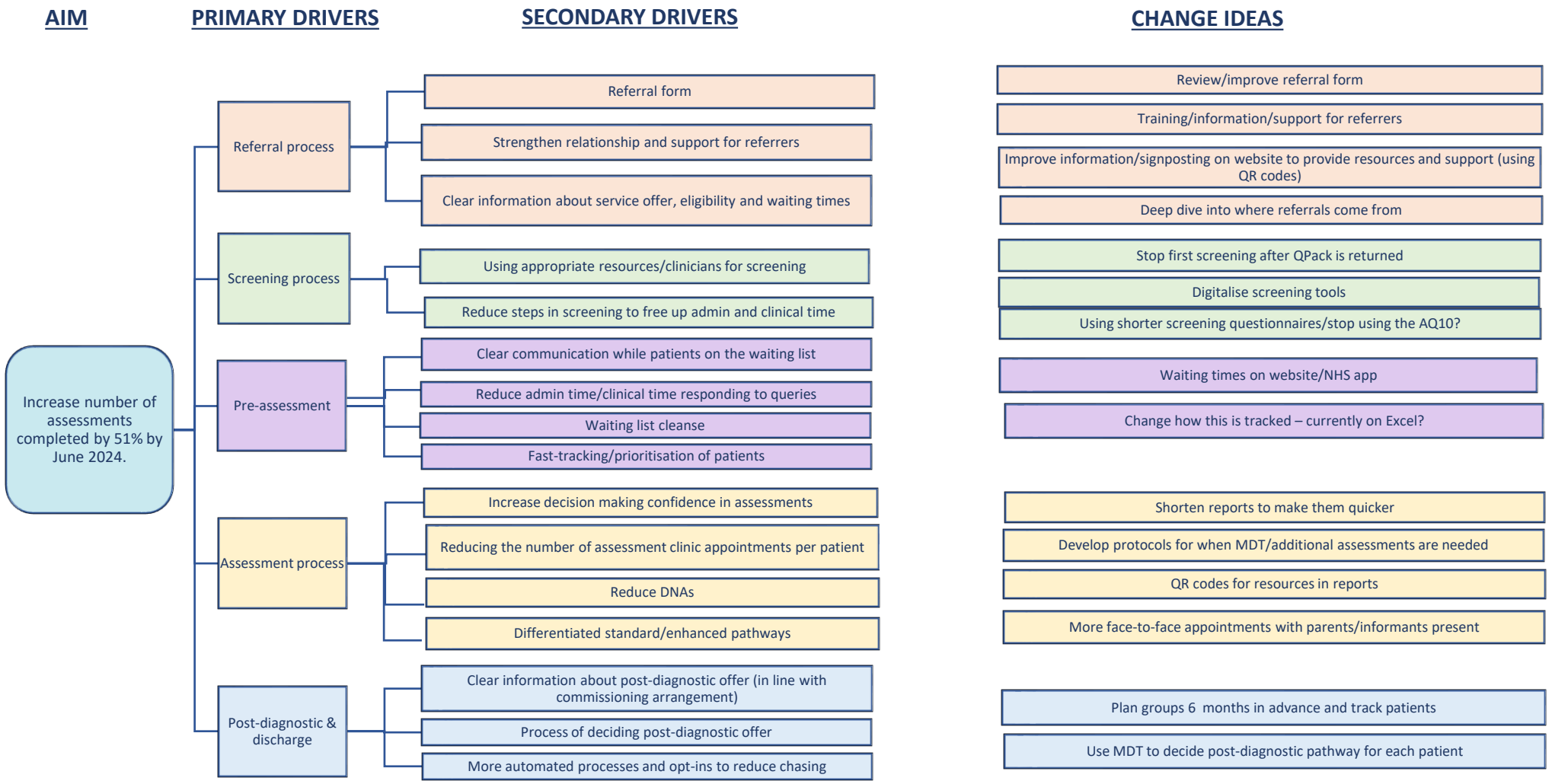
Referrals to the service



2019/2020 – 430 referrals

2023/2024 – 940 referrals

Our project driver diagram



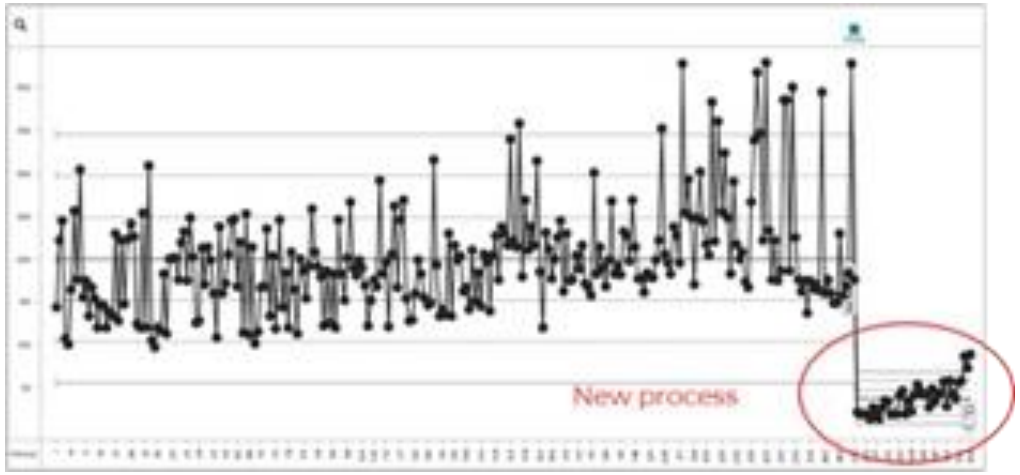
Our project aim:

To increase the number of assessments completed per month by 51%, by June 2024

Change ideas

PDSA 1. Stop first screening (new referrals were screened twice) and send out questionnaire packs (QPacks) upon receipt of referral. To reduce 1) time spent screening and processing referrals, 2) time between referral and sending out QPacks and 3) time from referral to being added to assessment waiting list.

Impact



PC Chart for no. of days from referral received to referral added to waiting list

Screen time

- Average screening time per referral reduced from **33 minutes to 23 minutes.**

Send QPacks

- Average time from referral to Qpack being posted reduced from **45 days to 3 days.**

Add to list

Average waiting time from referral to being added to waiting list reduced from an average of **199 to 31 days.**

Feedback

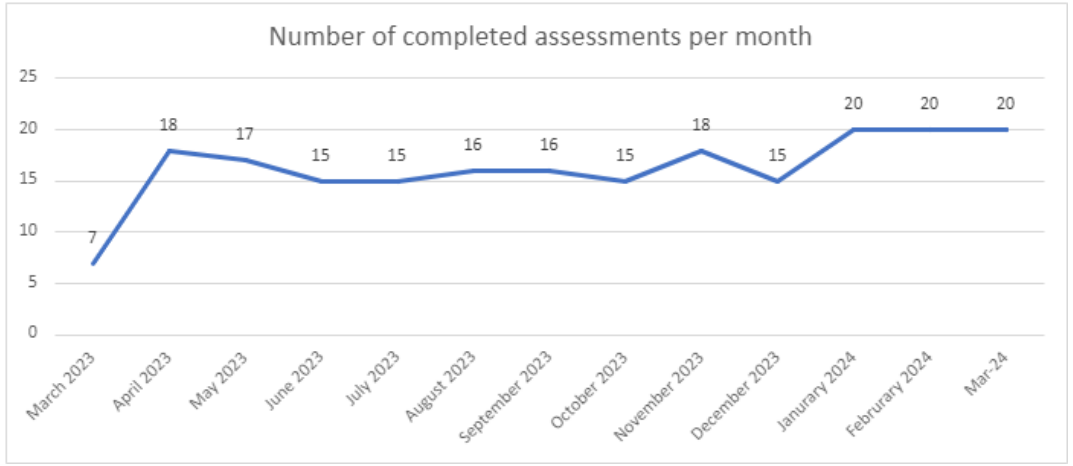
Admin: It has streamlined our process and made our work much more consistent. We now are only sending out 60-80 QPacks a month compared to previously were some months we would send 100s and the next we would send in the low 30's. This has made it much easier to stay on top of the QPacks and on top of chasers / discharges.

Patient: I liked getting the QPack so soon because it reassured me that I had been referred. Also, it was great to feel like my bit was done and I'm not waiting for something to come or worrying I had missed something.

Change ideas

PDSA 2. Face-to-face single appointment assessments. To increase the number of assessments completed by clinicians and reduce the number of multiple-appointment assessments.

Impact



- Reduction in assessment time from **237 minutes to 192 minutes**
- Reduction in number of assessments requiring multiple appointments (from a sample of 10) from **60% to 30%.**
- Reduction in the average number of days an assessment remained open from **39 days to 2 days**.
- An increase in the number of assessments completed in the same month from **30% to 70%.**
- **An increase in number of assessments completed per month from 7 (March 2023) to 20 (March 2024).**

Change ideas

PDSA 3. To provide a pre-assessment information sheet to patients. To help people to be more prepared, reduce anxiety about the assessment process, improve the quality of information provided to the clinician and to reduce the need for multiple appointments for information gathering and decision-making.

Impact

- Currently being tested with a sample of 10 patients who are asked for their experiences on the new info sheet.
- Qualitative data is also being collected from the assessing clinicians as to whether the info sheet had any positive or negative impacts on the assessment.
- Finally, data on length of assessment will be collected from the 10 trial patients and compared with the average length of assessments for a similar time period.

Helping you feel prepared for your autism assessment

This is some information about your assessment meeting to help you feel prepared and comfortable.

What is the assessment for?

You have been referred for an autism assessment.

The aim of this assessment is to gather information from you and people who know you well, to find out if you are autistic.

What and who to bring with you.

Please bring a parent with you, if you can. We can speak with them on the phone before your assessment if they are unable to attend on the day ……..

Meeting our project aim

Overall progress to date

&

What next

A bit impatient…..or just ambitious?

December 2023 – a team ‘silly session’

Anything is on the table to make a difference

Ideas collated

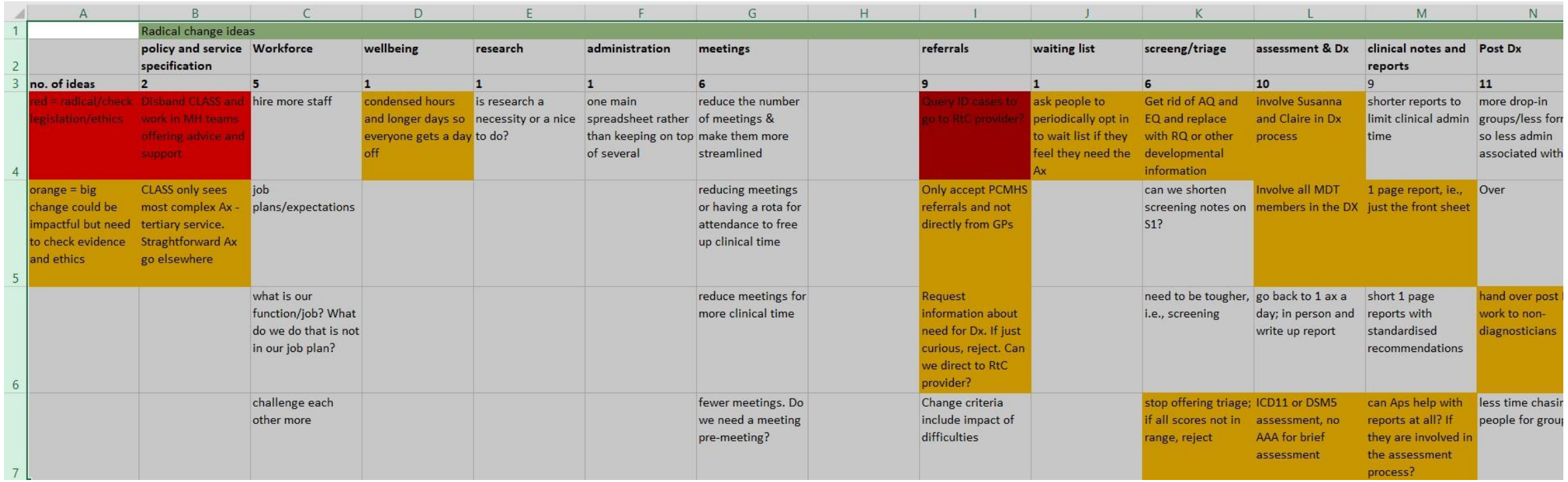
Themes across 5 stages of the pathway

Mentimeter: criteria

Rank the ideas - ‘1’ being the first choice, ‘2’ the second choice, and so on.

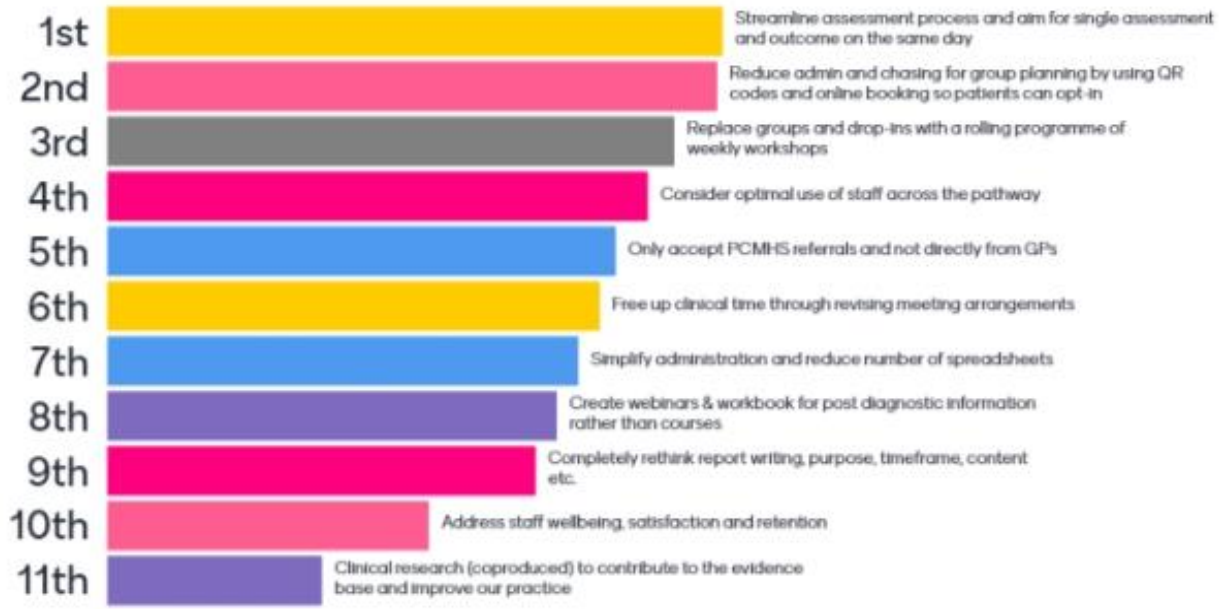
When rating the ideas, please consider:
1. How feasible would this be to implement?
2. How quickly might we see results?
3. How impactful would this be for the purpose of increasing capacity and flow?

Outputs from session: December 2023



	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1		Radical change ideas												
2		**policy and service specification**	**Workforce**	**wellbeing**	**research**	**administration**	**meetings**		**referrals**	**waiting list**	**screeng/triage**	**assessment & Dx**	**clinical notes and reports**	**Post Dx**
3	**no. of ideas**	**2**	**5**	**1**	**1**	**1**	**6**		**9**	**1**	**6**	**10**	9	**11**
4	red = radical/check legislation/ethics	Disband CLASS and work in MH teams offering advice and support	hire more staff	condensed hours and longer days so everyone gets a day off	is research a necessity or a nice to do?	one main spreadsheet rather than keeping on top of several	reduce the number of meetings & make them more streamlined		Query ID cases to go to RtC provider?	ask people to periodically opt in to wait list if they feel they need the Ax	Get rid of AQ and EQ and replace with RQ or other developmental information	involve Susanna and Claire in Dx process	shorter reports to limit clinical admin time	more drop-in groups/less form so less admin associated with
5	orange = big change could be impactful but need to check evidence and ethics	CLASS only sees most complex Ax - tertiary service. Straightforward Ax go elsewhere	job plans/expectations				reducing meetings or having a rota for attendance to free up clinical time		Only accept PCMHS referrals and not directly from GPs		can we shorten screening notes on S1?	Involve all MDT members in the DX	1 page report, ie., just the front sheet	Over
6			what is our function/job? What do we do that is not in our job plan?				reduce meetings for more clinical time		Request information about need for Dx. If just curious, reject. Can we direct to RtC provider?		need to be tougher, i.e., screening	go back to 1 ax a day; in person and write up report	short 1 page reports with standardised recommendations	hand over post work to non-diagnosticians
7			challenge each other more				fewer meetings. Do we need a meeting pre-meeting?		Change criteria include impact of difficulties		stop offering triage; if all scores not in range, reject	ICD11 or DSM5 assessment, no AAA for brief assessment	can Aps help with reports at all? If they are involved in the assessment process?	less time chasir people for grou

Rank the ideas - '1' being the first choice, '2' the second choice, and so on.



What next…

PDSA 4 based on the results of the Menti poll –Testing the feasibility and acceptability of an online booking system for post diagnostic groups.

Aim: To reduce amount of clinical time spent contacting and chasing people to book them onto groups and maintaining tracking systems, by enabling service users to opt-in using an online booking system.

Challenges & learning

Challenges:

- Managing energy & motivation levels of team members
- Not losing track of progress on completed PDSA cycles and implemented changes.
- Losing our project member with lived experience
- From our partners – understanding another service's pathway to add input

Learning:

- The impact of changes in the wider context e.g. wider financial challenges and other key priorities
- Being realistic about what we can achieve – low hanging fruit versus bigger impact changes
- Difficulty in collecting accurate data to measure change e.g. not able to easily collect data about how many completed assessments and need for multiple trackers
- Unintended consequences of changes e.g. improving flow one part of the pathway has created a blockage in the next part

Successes so far...

CLASS Team:

- Learning from our partners locally i.e. PCMHS and as part of national QI
- Celebrating success – Poster & Abstract for RCPsych Congress June 2024

Our partners:

- Good collaboration, meant we could take things from our own learnings within our services and combine different perspectives and ideas
- Being able to learn from each other e.g. ways to use the clinical system to optimise time
- Gaining our own QI knowledge that we can use for service development.
- Creating better links between our services

Thank you!
Any Questions or Comments?

CLASS QI project team:
Kailash Ludhor, Janine Robinson, Caroline Nightingale, India French, Fatima Rasool, Benjamin Hannon, Damaris Koch, Tanya Paxman, Jasmine Taylor, Andrea Woods, Irene James, Susanna Snell, Claire Chadderton, Katie Turness, Mark Squire, Derri Davies, Victoria McCarthy, Sara S Marques, Litsa Sourla, Alex Hannibal-Stewart

Supporting people to engage

Some lessons from lived and learned experience

Ben Walford (he; him)

1. Overview: my mental health work in universities
2. Waiting lists (‘Jessica’)
3. Discharges (‘Raj’)
4. Thoughts: two change ideas
5. Q&A

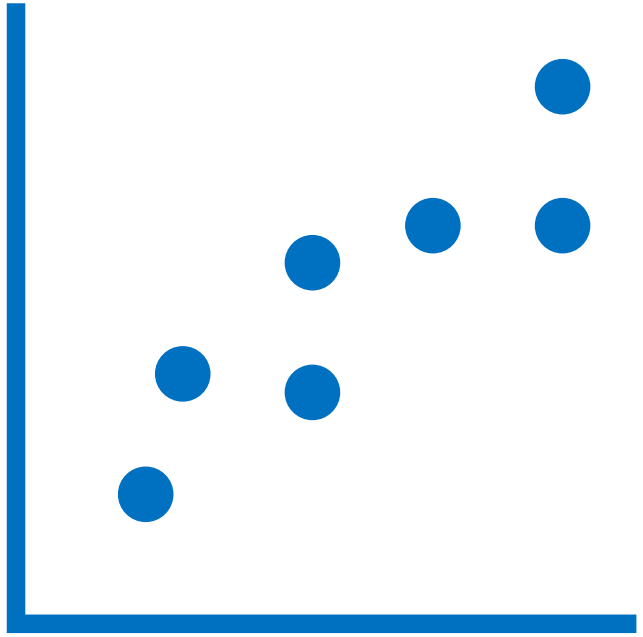
QR code for questions

My mental health work in universities

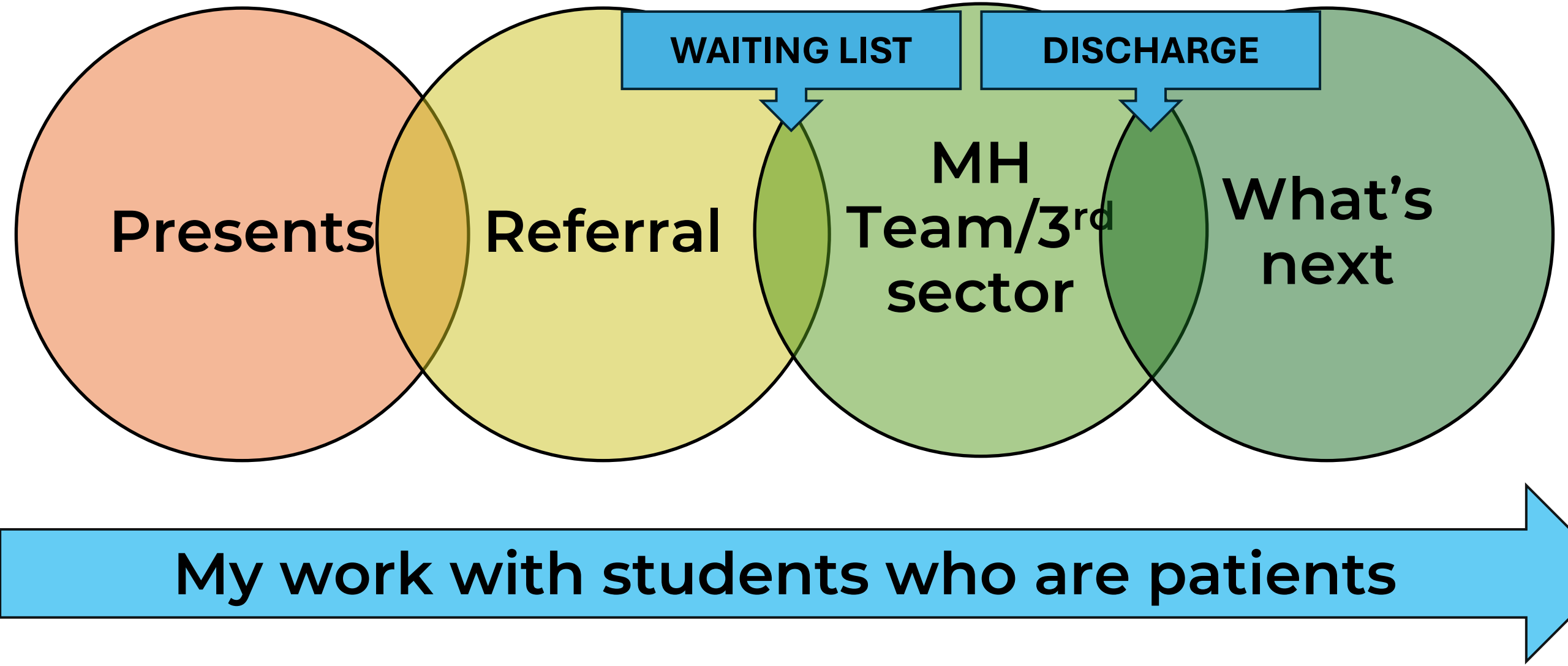
- 14 years: short, medium, long-term work. 1500+ students.
- Mainly young adults (18-23)
- 20% ‘severe mental illness’, 10% neuro-diverse, 10% + another disability
- Mostly live in London – from UK & abroad
- Diverse: ethnicity, gender ID. Often from poverty, care experienced, refugees

Some trends (higher education MH support)

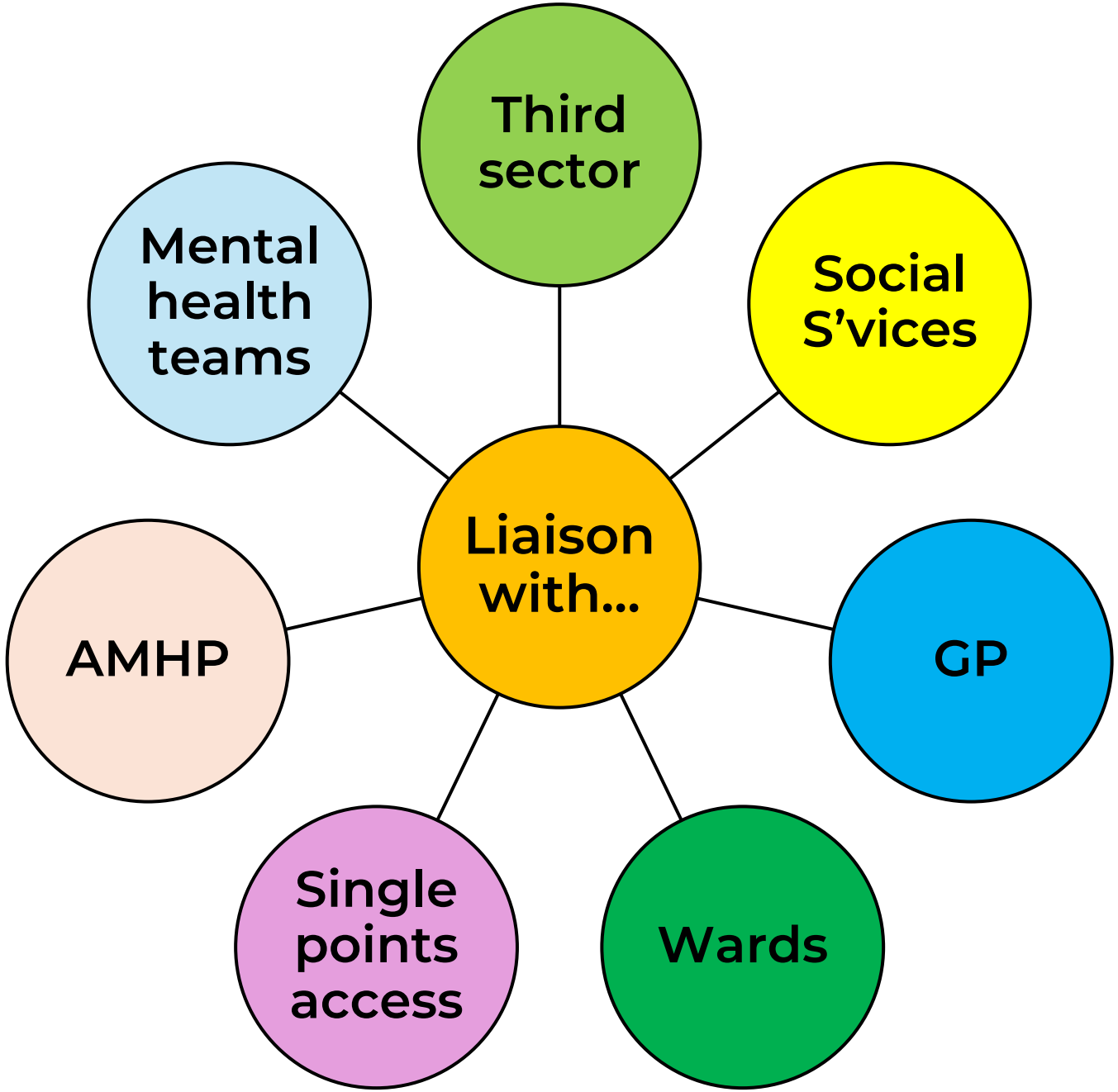
- 5-10 x increase in demand over ten years
- Covid impact: life & relationship skills, social isolation, ways of coping
- Increase: self-harm, suicidality, eating disorders, drug use
- Work underway: association health inequalities w/degree outcomes (e.g. if disabled, black, care experienced, poorer)



A vantage point on patient journeys



Vantage point on services



Thoughts and feelings > services (discharges)

They sprang it on me

Getting better isn't 'all or nothing'

They've made my situation even messier

Left me with things that help

Getting there: a story of my distress

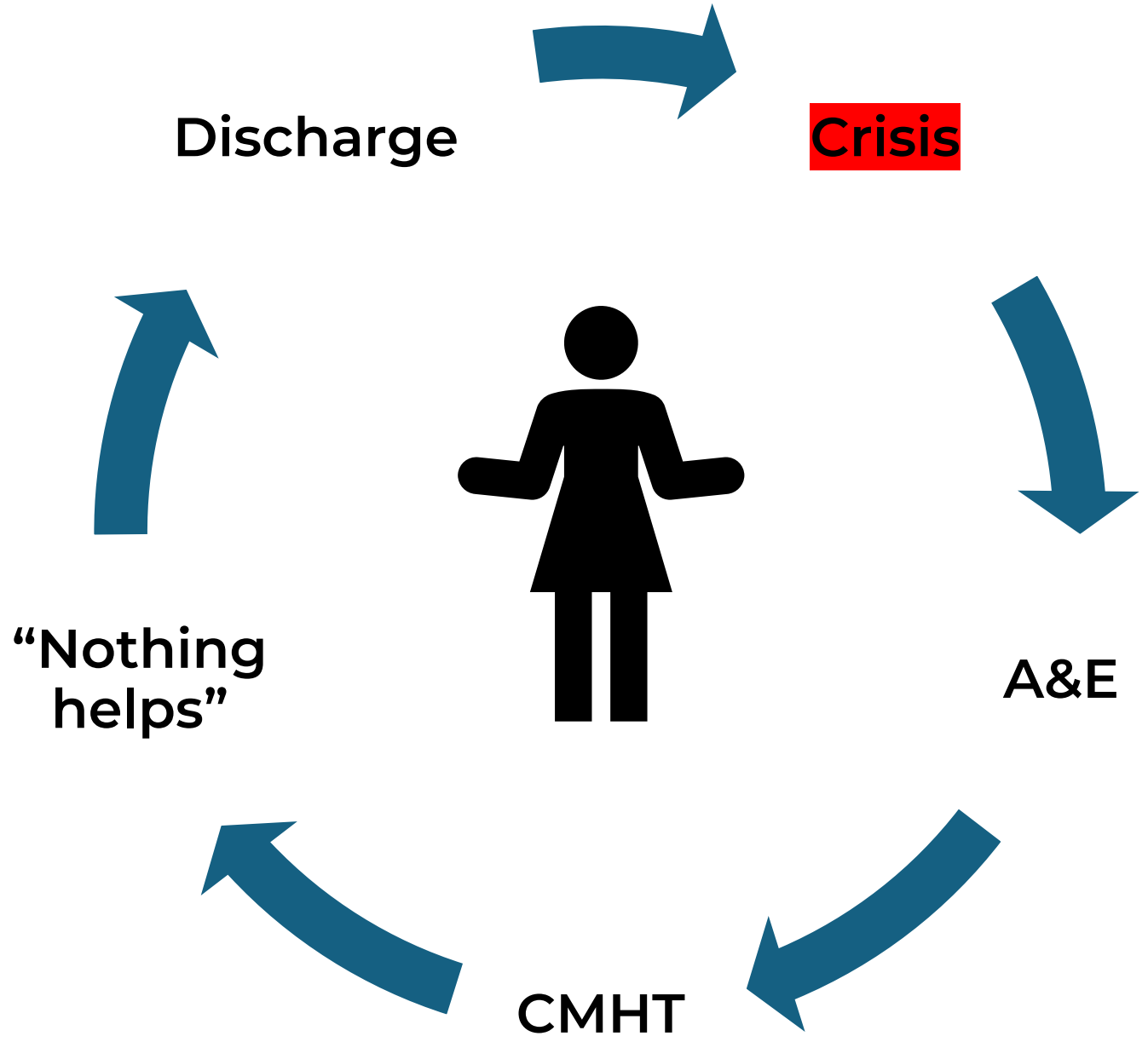
Have no idea what's happening next

How can I trust them after how I was treated?

Still hard but not like it was before

‘Jessica’

- Passionate, strong-minded, sharp. Loves travelling
- Day to day life impacted by childhood trauma
- Tried lots. Nothing seemed to help. Wanted long-term therapy



Jessica’s life now

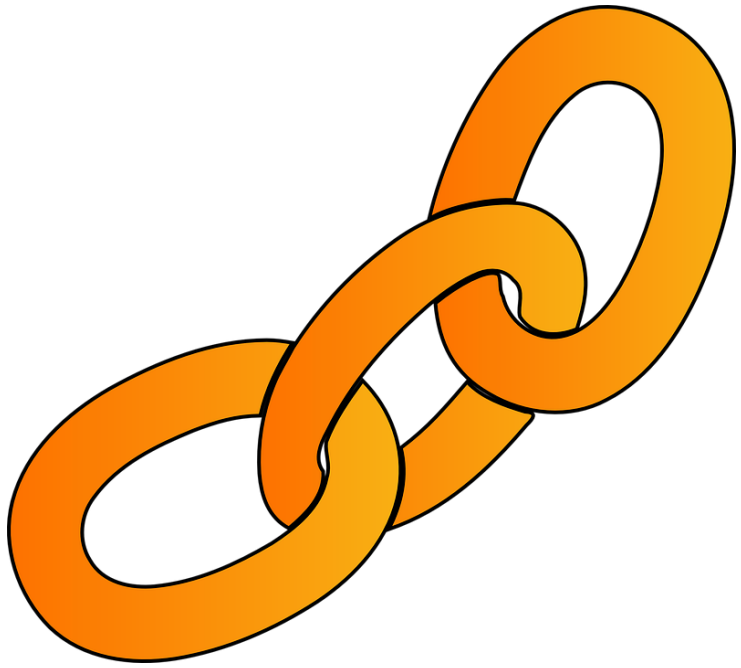
- Graduated, working, has money for travel
- Longest period not with CMHT
- More able to calm & more in control when distressed
- Awaits long term Therapy

Jessica & CMHT: what seemed to help

- Validated trauma, empathy that was felt: “yeh I know they care”
- Believed Jessica on what didn’t help. Made early long-term therapy referral
- Sought a consensual end point rather than ‘hard and fast’ discharge time
- A crisis plan attuned to what crisis is to Jessica. Simple, consistent, sustainable

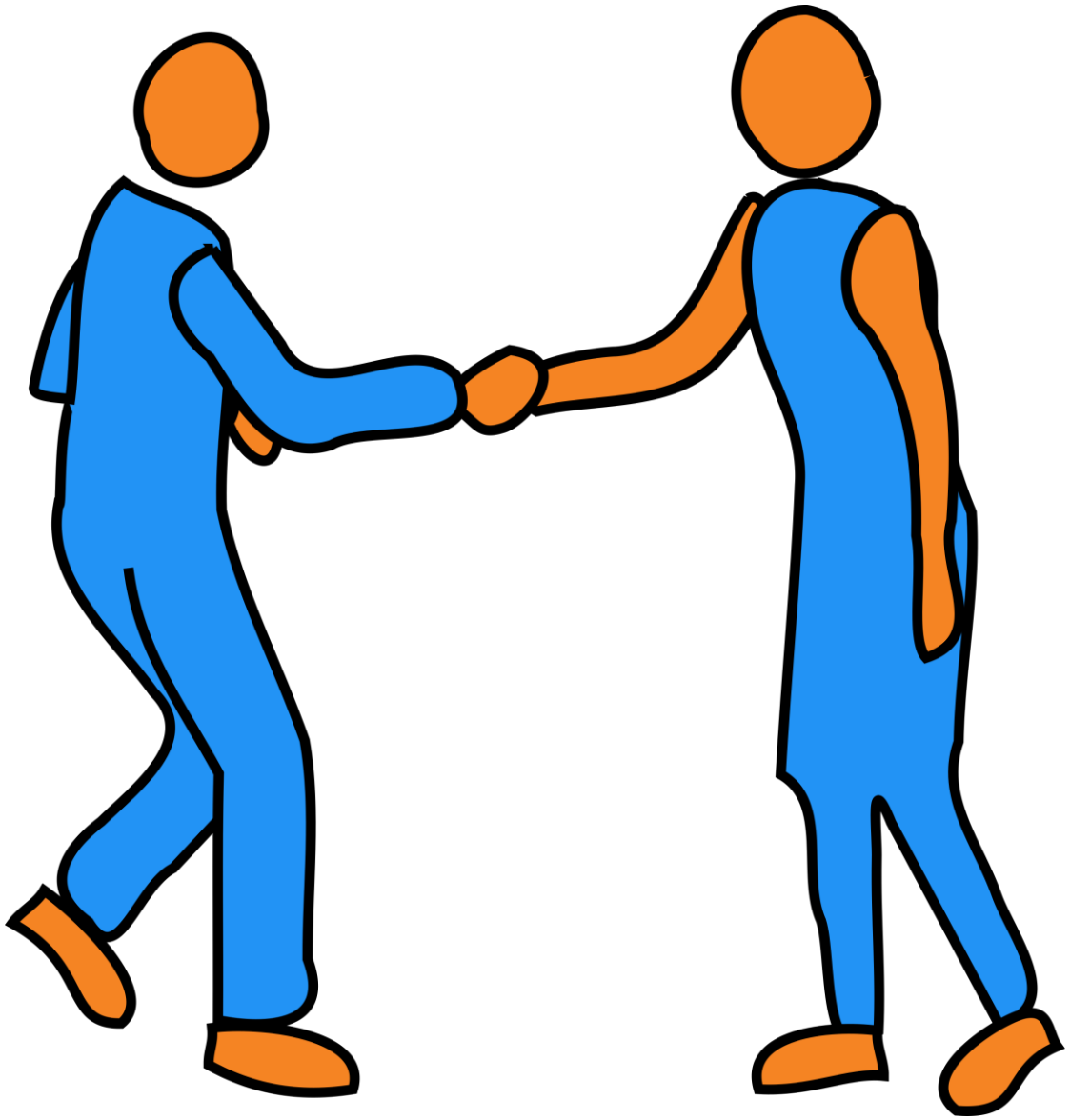
Liked, Value
Appreciate

Wider observations - Discharges



Utilise chains of trust

- Simple, quick re-referral routes can increase person's sense of control
- Sometimes knowing it's there is enough to feel more OK
- Building a support network takes time, trying and trust
- A crisis plan on paper and one that is helpful in practice very different



Discharges and promises made

Thoughts & feelings > services (waiting lists)

The last thing didn't help, so this won't

I have an idea of the 'system' around me

I don't even know what it is I'm waiting for

I know what it is I'm waiting for

I feel positive that help is on the way

Waiting ages, no update: they don't care why should I

I was told this would be the solution. Where is it?

Other things can help in mean time

‘Raj’s’ life now

- Loves his degree, to cycle – now has a friend on the course
- Saw the GP for low mood. Open to 3rd sector peer support
- Still struggles with self-worth. Bullied at school, little family contact
- On waiting list: Autism assessment

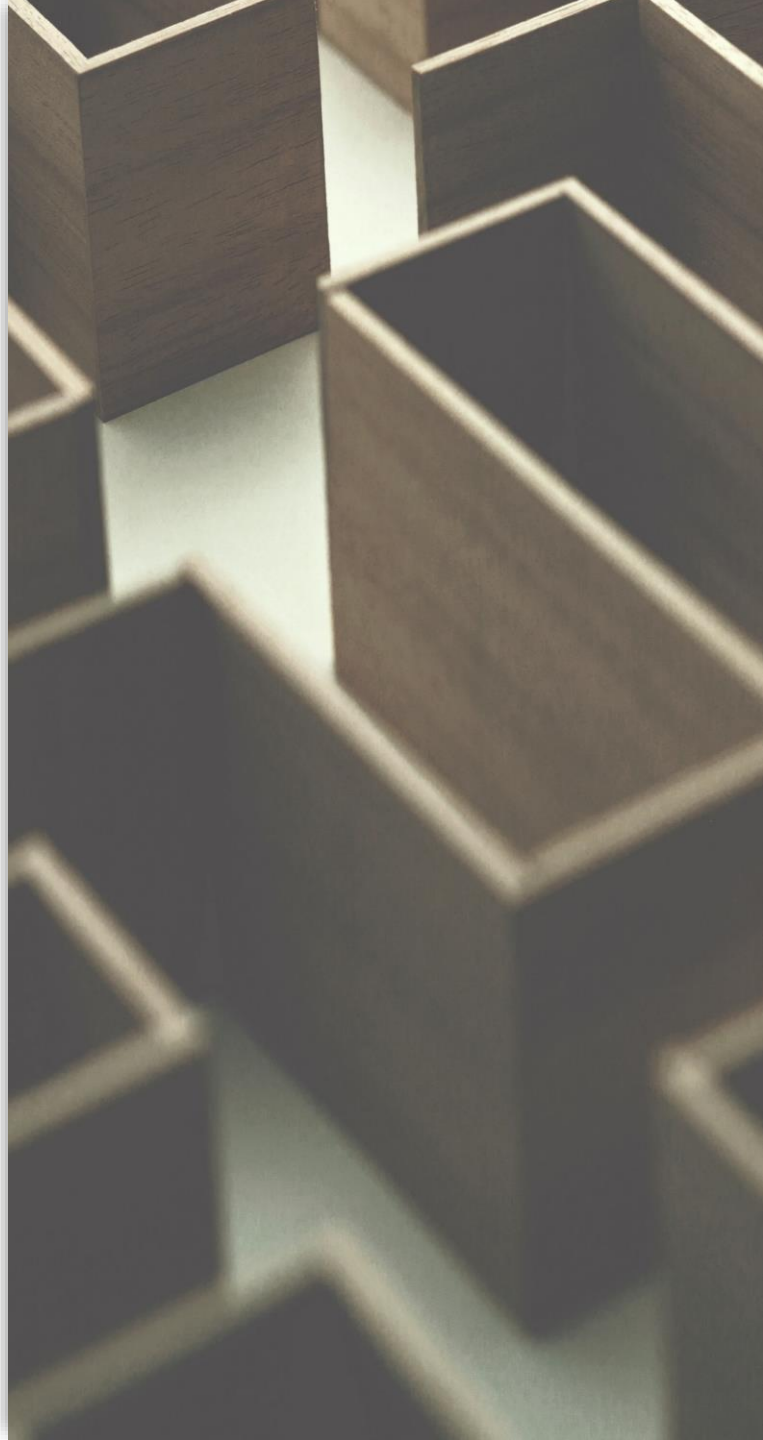
What's helping-Raj's wait

- Understands purpose & practicalities of assessment
- Given information to understand Autism. Sees specifics he can relate to
- Basic strategies for the here and now (e.g. in response to anxiety)
- Encouragement, praise

Stock image from internet

Wider observations (waiting lists)

- Impact is individual – ideally information/support should be too
- People generally see ‘one system’ – “helping or not helping me”
- Impact of stress major component in missing meetings (expected)
- Basic wellbeing strategies can help (“It doesn’t matter why it help if it helps”)



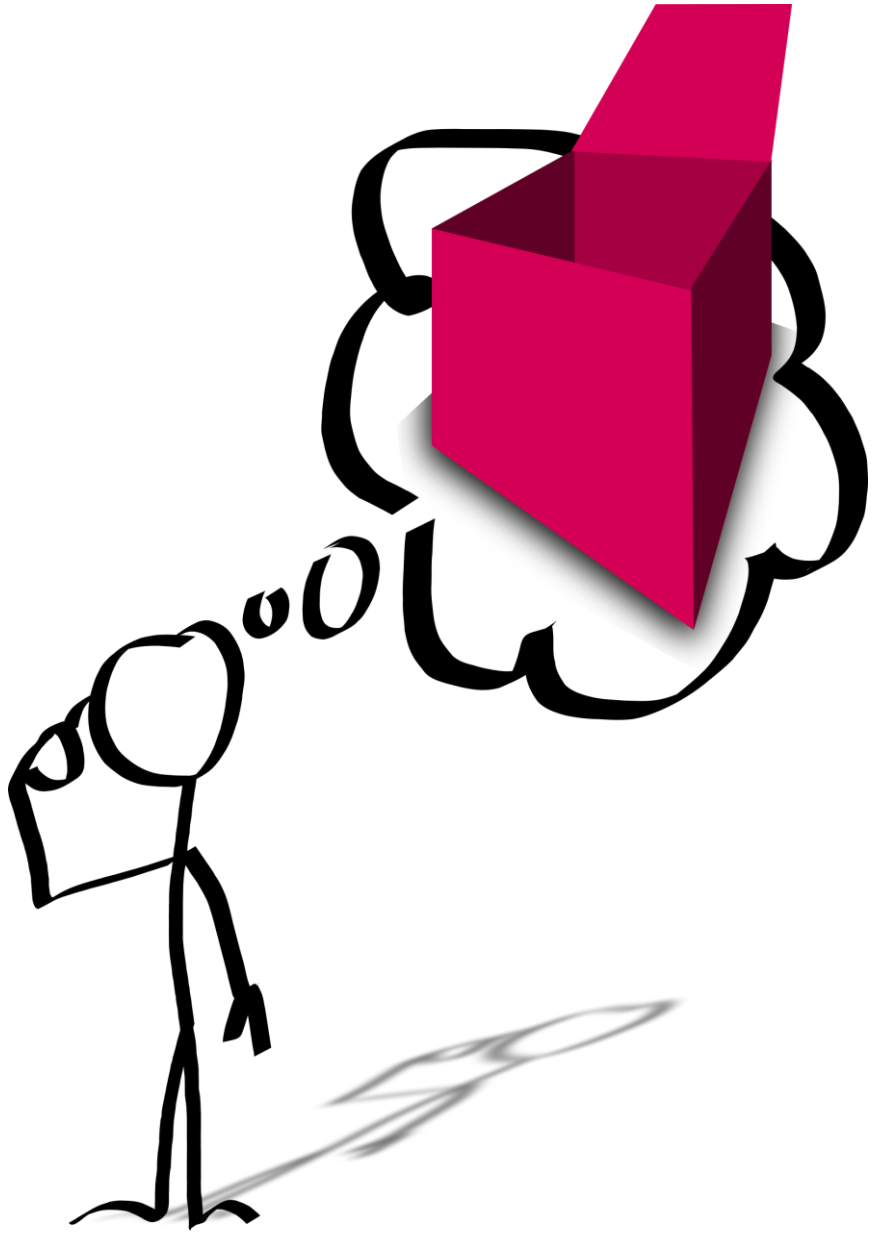
Change idea: Havering CAMHS: drop in for discharged patients

- Still care about your life versus “dead stop” ✓
- Support to navigate a new system. ✓
- Suggest flexible…in-person, voice, video, text chat

Change idea: Cambridge Autism service – pre-assessment sheet

- Address anticipatory anxiety ✓
- Benefit of clear, unambiguous information ✓
- Suggest opportunity for reinforcing understanding

Questions, thoughts, comments???



Hearing from patients versus learning from patients

Hearing from patients	Learning from patients
Tell us what you think (on our terms)	Tell us what matters on your terms
Gives us information to go away and review	Can we start a conversation with you?
Tells us how we've cared for you	Seeks wider lessons for everyone
Was what we did good/bad/OK?	What could we do entirely differently?

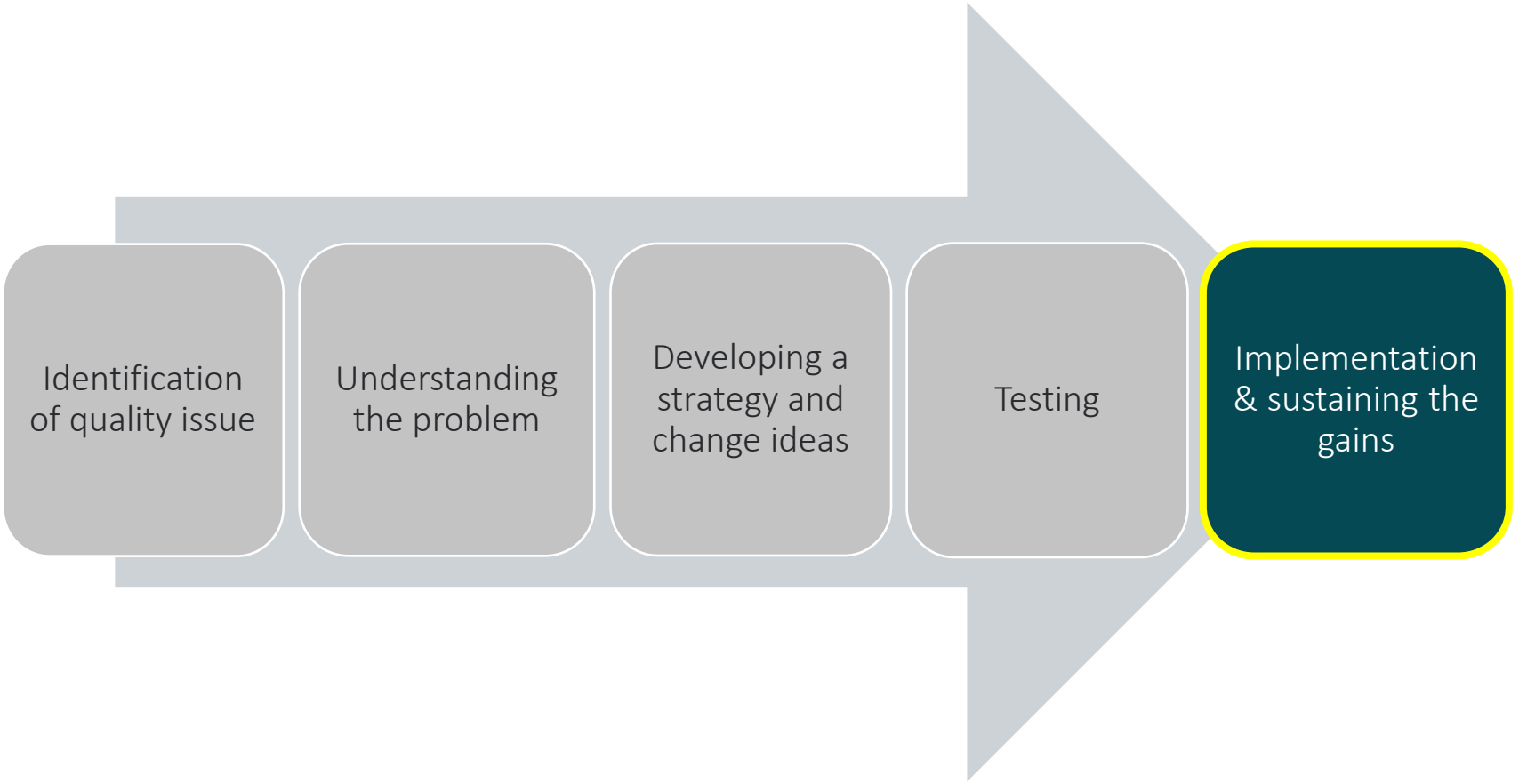
Hearing from patients versus learning from patients

Hearing from patients	Learning from patients
Tell us what you think (on our terms)	Tell us what matters on your terms
Gives us information to go away and review	Can we start a conversation with you?
Tells us how we've cared for you	Seeks wider lessons for everyone
Was what we did good/bad/OK?	What could we do entirely differently?

From testing to implementing

Renata Souza
Senior Quality Improvement Advisor
National Collaborating Centre for Mental Health

Applying Quality Improvement



What is Implementation?

- You've tested changes to find the ideas that work.
- You've developed a high degree of belief that your changes work and now, it's about holding onto that, and really embedding it into your practice.
- Implementation is about making a change a part of your day-to-day operation of your system.
- A great way of testing how embedded your changes are, is to ask yourself: *how confident are you that the change you've made would continue even if, you or your leads were away from the team, for a month?*

....And what do we mean

- Naturally, your services are very busy, so...
  - how do you standardise your changes?
  - how do you document it so that, it becomes policy and protocol?
  - how do you skill up and train new staff coming into your service, to the new way of doing things?

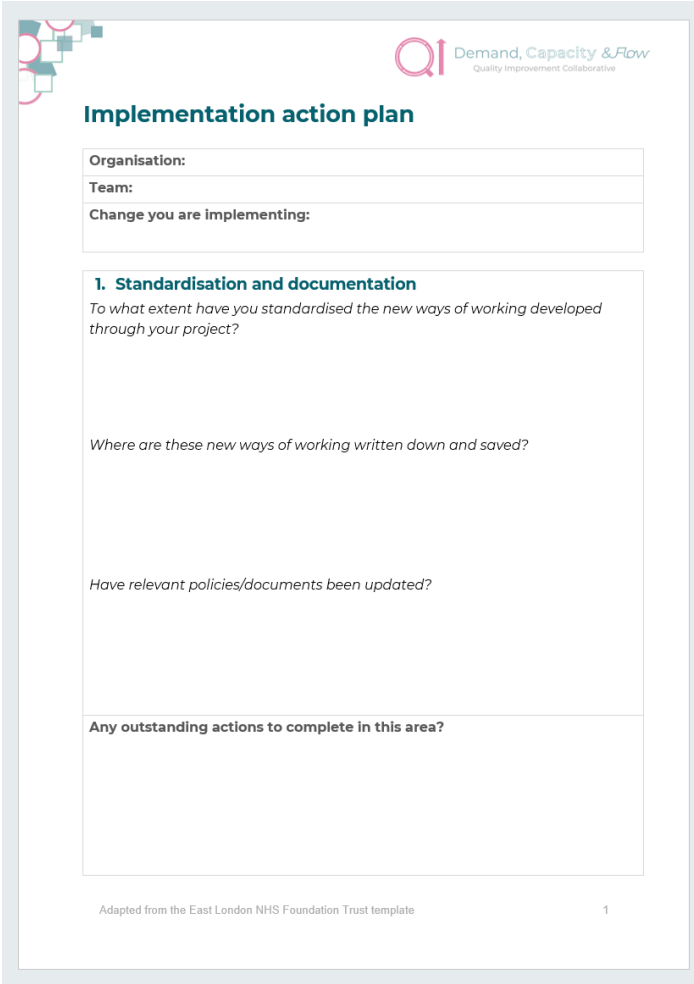
- Draw on your relationships to share and spread this learning.

20 mins

Implementation action plan

- Some of you may not be at the implementation stage however, it's helpful to think about the steps to consider, when you get to this stage.

- In your teams, please discuss and begin completing the Implementation Action Plan provided on your tables.



Demand, Capacity & Flow
Quality Improvement Collaborative

Implementation action plan

Organisation:
Team:
Change you are implementing:

1. Standardisation and documentation

To what extent have you standardised the new ways of working developed through your project?

Where are these new ways of working written down and saved?

Have relevant policies/documents been updated?

Any outstanding actions to complete in this area?

Adapted from the East London NHS Foundation Trust template 1

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.