Improving Access to Mental Health Services – Sharing the Learning from the Mental Health Access Collaborative

Healthcare Improvement Scotland

Improvement Hub
Enabling health and social care improvement
Many parts, one purpose - better quality health and social care for everyone in Scotland.
Supporting health and social care services to **redesign** and **continuously improve** to deliver better health and wellbeing outcomes for people in **Scotland**.
By promoting cultures of quality improvement (QI), the ihub is supporting services to:

- **Understand** their high impact opportunities for improvement.
- **Design** processes, care models and systems that will improve outcomes.
- **Implement** changes that will lead to improvement.
- **Evaluate** the impact of changes, embed change and spread learning.
Mental Health Improvement Portfolio

• Scottish Patient Safety Programme
• Early Intervention for Psychosis (EiP)
• Improving Observation Practice (IOP)
• Improving access and flow
• Learning Networks
This model is based on an approach developed by Tan Tock Seng Hospital, Singapore.

System and Process Redesign
- New Models of Care
- Redesigned Pathways
- Process Improvement

Workforce Redesign
- New roles
- Upskilling
- Job substitution (including through digital)

Technology
- Automation, IT Devices, Robotics and AI analysis

Underpinned by Effective Infrastructures
- Good governance through robust Programme Mgt, Financial Mgt & Risk Mgt
- Multidisciplinary Change Teams

Drives cultural change including
- User led design
- User Choice and Control
- Community empowerment
- Prevention/early intervention
- Integration
Data is Fab!

Fiona MacKenzie
Service Manager

@ISD_Scotland
@fackenzie999
• Public Health & Intelligence (PHI) within NHS National Services Scotland (NSS)

• Moving to Public Health Scotland – April 2020

• Majority of health statistics in Scotland produced www.isdscotland.org

• Data, analytics, intelligence & insights to Health and Social Care Services across Scotland
GET ALL THE INFORMATION YOU CAN, WE'LL THINK OF A USE FOR IT LATER.
Data is fab – without it we wouldn’t know:

- ADHD ‘daily dose’ prescribing doubled in 7 years for <19’s
- In 2018 deaths by suicide increased 15% (up 40% in <25’s)
- Referrals to CAMHS increasing ~31k per year
- Admissions to hospital increasing ~47k
- Referrals for Psychological Therapy increasing ~120k per year
- Est. That one in three will have mental ill health each year
Data is fab! – it informs....

- Service Planning
- Policy
- Research
- Benchmarking
- Quality Improvement
- Public Health
- Transformation
- Performance Monitoring
- Service Improvement
- Financial Allocations
- Accountability

....to improve outcomes for individuals
Data is fab! – it measures/makes us ask questions...

Run Chart of referrals to locality CBT service in NHS Board

- Number of referrals

- Month: Dec '14 to Jun '18

- GP liaison introduced to improve referral quality

- Temporary: 47

- Data points:
  - 38
  - 90
Data is fab! – Patient journeys

who, where accessing, when

What next?

ACP, Crisis plan, service redesign...
Data is fab!

How will you use your data/analytics/intelligence to inform improvement?

nss.isdmentalhealth@nhs.net
Improving Access to Mental Health Services – Sharing the Learning from the Mental Health Access Collaborative

Healthcare Improvement Scotland

Improvement Hub
Enabling health and social care improvement
Focus of work – Providing Person Centred, Efficient and Effective Care by Reducing Waste and Adding Value

CAMHS/PT end to end patient journey

System Enablers

Referral  Waiting  Assessment  Treatment  Discharge

System Enablers
Mental Health Access Improvement Collaborative

Pre work
- Understand local systems
- Identify teams
- Develop Driver Diagram and change ideas

Learning Session 1
- National and local context
- Aims and measures
- Key changes
- Model for Improvement

Supports
- MHAIST Team - Improvement Advisors, Project support, Clinical Advisors, Data analysts
- WebEx’s
- Local and national events
- Team visits

Launch events
- Aug - Dec 2017
- Welcome to the collaborative WebEx May 2018

Learning Session 1
- June 2018

Action Period 1
- Learning Session 1
- Action Period 1

Learning Session 2
- Nov 2018

Action Period 2
- Learning Session 2
- Action Period 2

Learning Session 3
- May 2019

Action Period 3
- Learning Session 3

Learning Session 4
- Nov 2019

Action Period 4
- Learning Session 4

What’s the problem?
Pathway Analysis
Themes from MHAIST Collaborative Teams

• Access
• Referral, triage, waiting and assessment
• Treatment and Discharge
• Interventions, discharge processes
• System Enablers
• Workflow, workforce, capacity management, pathways
How did teams make a difference?

Common factor running through all work was reducing waste and adding value.
What do we mean by waste?

Waste is any step or action in a process that is not required to complete a process successfully.

When waste is removed, only the steps that are required to deliver a satisfactory product or service to the customer remain in the process.
The 8 Wastes are eight types of process obstacles that get in the way of providing value to the customer.

**Defects**
Efforts caused by rework, scrap, and incorrect information.

**Overproduction**
Production that is more than needed or before it is needed.

**Waiting**
Wasted time waiting for the next step in a process.

**Non-Utilized Talent**
Underutilizing people's talents, skills, & knowledge.

**Transportation**
Unnecessary movements of products & materials.

**Inventory**
Excess products and materials not being processed.

**Motion**
Unnecessary movements by people (e.g., walking).

**Extra-Processing**
More work or higher quality than is required by the customer.
Example of Collaborative Team Working

NHS Dumfries and Galloway Neurodevelopmental service
Referral received
Admin screen carried out. RFA appropriate

Phone family
✓ Check they understand the referral
✓ Consent to request screening info
✓ Contact details for school
✓ Update database

Screening Info
✓ ND history to family
✓ Education request

Screening
✓ ND history to family
✓ Education request

Triage meeting
✓ Allocate case lead
✓ Allocate 2nd

1st appointment
✓ Family
✓ Caselead
✓ 2nd

Complex ax process
✓ Feedback
✓ Appointment
✓ Family
✓ Caselead
✓ 2nd

Report drafted
✓ Clinical outcome evidenced

Feedback appointment
✓ Family
✓ Caselead
✓ 2nd

Report sent
✓ Data base updated

Triage
✓ Allocate case lead
✓ Allocate 2nd

Assessment
✓ Standard Assessment
✓ Report drafted

Support
• CAMHS ASD support
• Sleep Scotland
• OT unpicking behaviours
• SLT CPS
• Online information

Further support
Not neuro-developmental
Signpost and discharge

Discharge
✓ Report sent
✓ Data base updated

12 weeks

Unclear
Yes
Yes
No
Yes
Yes

Yes
Yes
Yes
Yes
Assessment

Complex ax process

Triage meeting
✓ Identify assessment tasks

Assessment
☐ Standard Assessment Tasks
plus
☐ Complex Assessment Tasks

Professional discussion
Conclusion reached?

Unclear

Yes

Feedback appointment
✓ Family
✓ Caselead
✓ 2nd

1st appointment
✓ family
✓ Caselead
✓ 2nd

14 weeks
Developed checklists

- Telephone call
- Developmental history
- School questionnaire
- Triage
- Standard assessment checklist
- Each stage has key checks
Developed checklists and test

- Maximise capacity
- Reduce waste
- What bits add value?
- Have we the right skill set?
- How much time does each activity take?

### Triage Record

<table>
<thead>
<tr>
<th>Name</th>
<th>CHI</th>
<th>Triage Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome of triage</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Neurodevelopmental Assessment Appropriate</td>
</tr>
<tr>
<td>Further assessment required for</td>
</tr>
<tr>
<td>☐ ASD  ☐ EF</td>
</tr>
<tr>
<td>☐ ADHD ☐ CVI</td>
</tr>
<tr>
<td>☐ ID  ☐ FASD</td>
</tr>
<tr>
<td>☐ Sensory</td>
</tr>
<tr>
<td>☐ Initial appointment to be arranged for:</td>
</tr>
<tr>
<td>Date ...................................... Time ..................</td>
</tr>
<tr>
<td>Appointment with: ..........................</td>
</tr>
<tr>
<td>Case lead: ...................................</td>
</tr>
<tr>
<td>☐ Initial appointment to be booked in by admin</td>
</tr>
<tr>
<td>☐ Additional appointment needed with</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>By date ......................................</td>
</tr>
<tr>
<td>Reason:</td>
</tr>
<tr>
<td>☐ referral appropriate for another service</td>
</tr>
<tr>
<td>☐ no evidence of delay / difficulties</td>
</tr>
<tr>
<td>☐ consent from family not gained</td>
</tr>
</tbody>
</table>

Discussion with family to advise:

- ☐ By Phone call allocated to ..................  
- ☐ By appointment  
  Date ...................................... Time ..................

Discussion notes

<table>
<thead>
<tr>
<th>Evidence of potential difficulties with:</th>
<th>Reported by family</th>
<th>Reported by teaching staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Interaction with peers</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Communication</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rigidity</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Participation in everyday activities</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Attention and concentration</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Relationships</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Difficult life experiences</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sensory difficulties</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Behavioural issues</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Different evidence reported</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Admin

- ☐ Initial appointment arranged  
- ☐ Confirmation letter sent with service information 
- ☐ Database updated for audit purposes

Admin

- ☐ Outcome agreed with family  
- ☐ Letter sent to family and referrer  
- ☐ Onward referrals made if required 
- ☐ Database updated for audit purposes

<table>
<thead>
<tr>
<th>Name</th>
<th>Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinical Health Psychology
NHS Lanarkshire

Improvement Hub
Enabling health and social care improvement
Project Team

- Dr Claire Gray (Lead for Project)
- Dr Laura Telky
- Laura Dobbie: Data Analyst
- Linda Rankin & Laura Kerr: Administrative support

**Team contact details:**

University Hospital Monklands, Airdrie ML6 0JS
Claire.gray@Lanarkshire.scot.nhs.uk
Tel: 01236 712 564
Project Aim

- To reduce the DNA rate for new appointments in the Clinical Health Psychology Service (NHSL) to less than 15% by the 31st of July 2019
Why is this important?

- The DNA rate for new appointments is on average 20% with a higher rate for new appointments.
- High DNA rates increase waiting times as well as increasing admin time (i.e. letters/making phone calls).
- DNAs reduce clinician productivity & can impact on managing a caseload effectively.
- Potentially negative impact on the therapeutic relationship.
- Our waiting times are closely monitored and we are required to meet the HEAT target of 18 weeks from referral to treatment. To maximise capacity and increase access to psychological therapy the service needs to work as efficiently as possible and reduce wasted appointments.
- Service users report that the current waiting times are often too long and frequently telephone the department to enquire about where they are on the waiting list.
- The DNA rate impacts on clinicians, administrative staff service users and referrers.
To reduce the DNA rate for new appointments in the Clinical Health Psychology Service (NHSL) to less than 15% by 31 October 2019

**Aim**

**Primary Drivers**
- To ensure appropriate referrals
- Maximise engagement with service users
- Maximise effectiveness of CHP service infrastructure

**Secondary Drivers**
- Develop good working relationships with referrers
- Increased knowledge of resources to signpost
- Effective communications/education with referrers on criteria for CHP
- Reduce waiting times
- Improve communication of DNA policy
- Increase service user choice and information regarding the service
- Adequate IT systems
- Effective communication from admin

**Change Ideas**
- Develop referral from (including consent for referral)
- Web page
- Ongoing LTC resource directory/signposting
- Increase adherence and consistency by clinician of DNA policy
- Clarify CNA/DNA policy with patient at opt-in
- Clinicians discuss DNA/CNA policy with patients at first appointment
- Offer signposting appointment soon after referral
- Send out CNA/DNA policy with 1st appointment letter
- Review of text reminders (ie update number receiving message)
- Flexibility of appointment slot eg when patient available at opt-in – AM/PM, location
- Investigate what other services are doing to reduce DNAs at 1st appointment
- Explore reason for previous DNAs at 1st appointment/service user involvement
- Clinicians discuss DNA/CNA policy with patients at first appointment
Tests of change / PDSAs / Testing

- Introduction of signpost clinics from April
- Introduction of referral form
- Include map and directions
- Offer flexibility of appointment slot (location & time)
- Change appointment letter
- Text reminders for appointments

Accumulating information, data and knowledge
Data

- **Outcome measures**
  - Monthly DNA rate for new appointments (%)
  - Waiting times (weeks)

- **Process measures**
  - % inappropriate referrals per month
  - % patients choosing time/location of appointment
  - % signposting outcomes (from mid-April)

- **Balancing measures**
  - % appointments cancelled per month
DNA First Appt (%)
The median waiting time for the service has reduced from 13 to 11 weeks.
Data

Signposting Outcomes

Number of patients: 19

Percentage:
- 0.0%
- 50.0%
- 73.7%
- 84.2%
- 89.5%
- 92.1%
- 94.7%
- 97.4%

Outcomes:
- CHP
- ACCEPT
- Stress Control
- CMHT
- Ccbt
- Physio
- D/C no signpost
- TESS
# Learning and Next Steps

<table>
<thead>
<tr>
<th>Learning</th>
<th>Future plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Engage the wider team</td>
<td>• Continue monitoring data</td>
</tr>
<tr>
<td>• Impact on admin</td>
<td>• Patient perspective</td>
</tr>
<tr>
<td>• Patient perspective</td>
<td>• Explore cancellations</td>
</tr>
<tr>
<td>• Challenge of IT systems</td>
<td>• Share QI work with other teams</td>
</tr>
<tr>
<td>• MHAIST project updates helpful</td>
<td>• Other QI project (renal)</td>
</tr>
</tbody>
</table>
Opportunity to Learn More from 8 Teams: Poster Walk Around

Whilst visiting each poster, think about the work you are currently prioritising - what was the key learning?

Table 1 + 2 → A → Start at
Table 3 + 4 → B → Start at
Table 5 + 6 → C → Start at
Table 7 + 8 → D → Start at
Consider your Priority Areas of Work

What affects productivity in this work?

Facilitator at each table

On your table:
- Waste Spotter Guide
- 8 Areas of Waste Diagram
Time to Choose

Choose your corner!

A Waiting

B Over Processing

C Over Production

D Movement
Corner Exercise

In pairs, consider three things:

1. What is the issue?
2. Who is going to help you?
3. Potential solutions?
Pledge Wall