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

Healthcare Improvement Scotland | ihub

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NHS SCOTLAND

Healthcare Improvement Scotland

Many parts, one purpose -
better quality health and social care
for everyone in Scotland.

- Advice on new medicines
- Advice on health technologies
- Standards, guidelines and indicators
- Inspections and reviews
- Enabling health and social care improvement
- Death Certification Review Service
- Scottish Patient Safety Programme
- Improving antibiotics use
- Making the public voice count
- Global quality improvement webinars

Supporting health and social care services to **redesign** and **continuously improve**

to deliver better health and wellbeing outcomes for people in Scotland

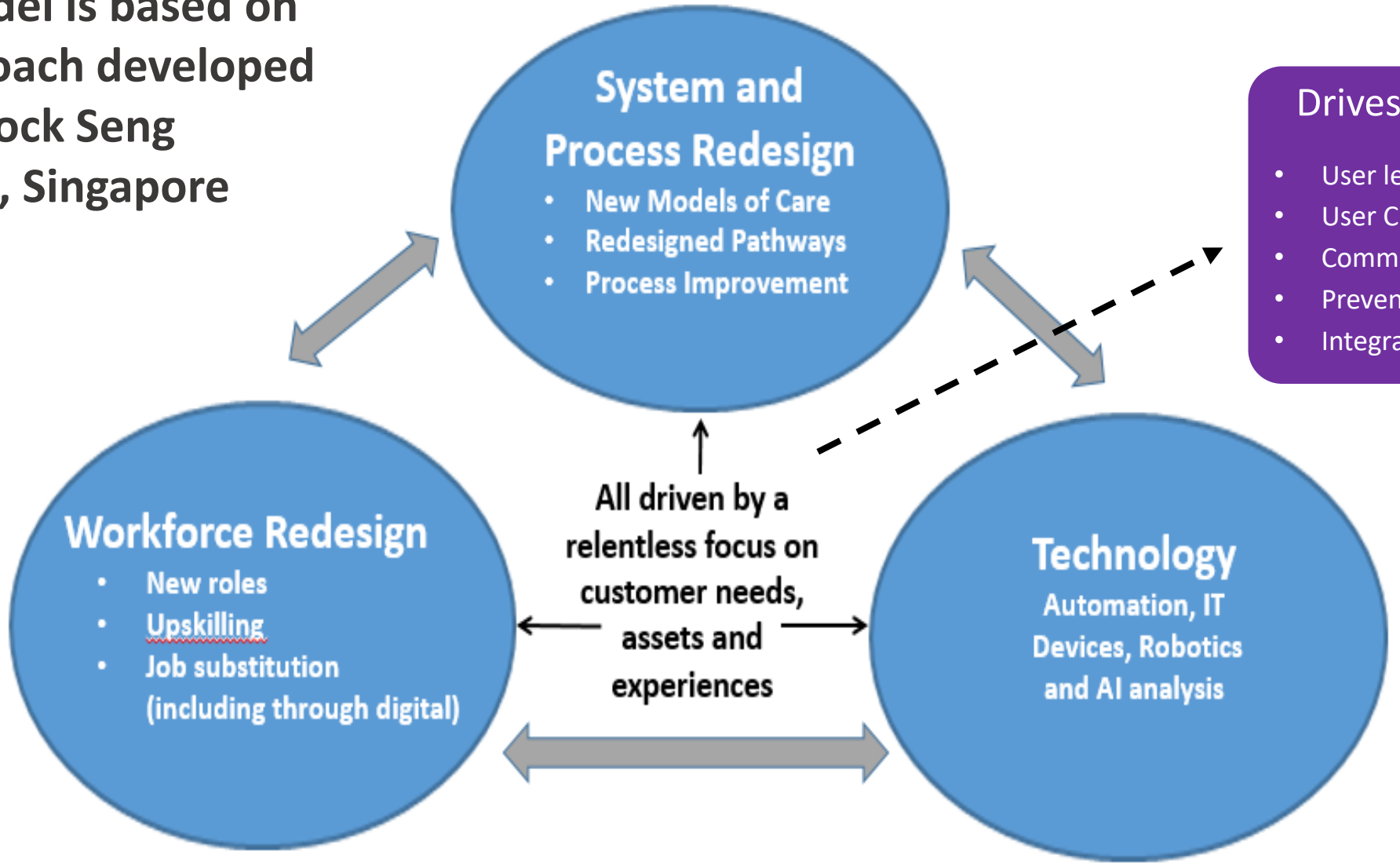
By promoting cultures of quality improvement (QI), the ihub is supporting services to:

- **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



Underpinned by Effective Infrastructures

- Good governance through robust Programme Mgt, Financial Mgt & Risk Mgt
- Multidisciplinary Change Teams

Data is Fab!

Fiona MacKenzie
Service Manager

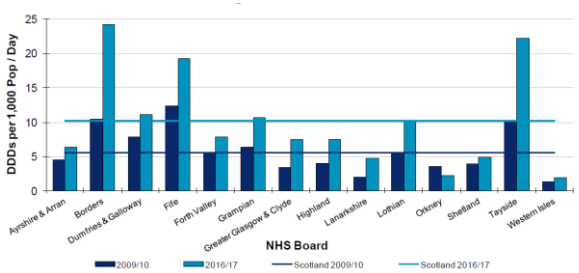
@ISD_Scotland
@fmackenzie999

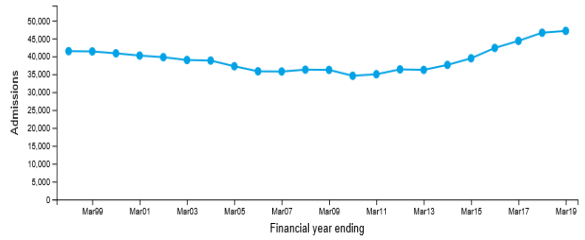
- **Public Health & Intelligence (PHI) within NHS National Services Scotland (NSS)**
- **Moving to Public Health Scotland – April 2020**
- **Majority of health statistics in Scotland produced www.isdscotland.org**
- **Data, analytics, intelligence & insights to Health and Social Care Services across Scotland**

GET ALL THE INFORMATION YOU CAN, WE'LL THINK OF A USE FOR IT LATER.

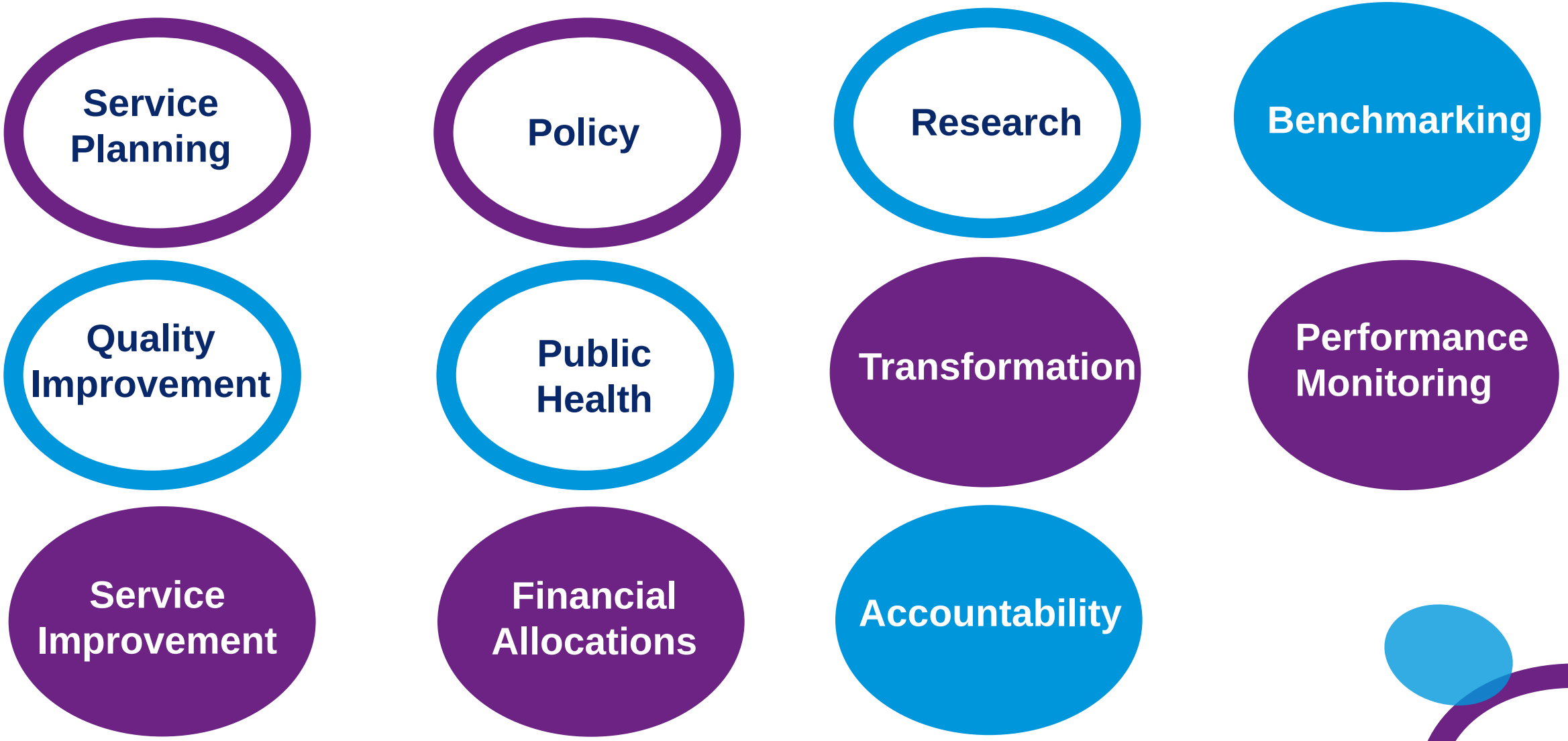
Data is fab – without it we wouldn't know:

- 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



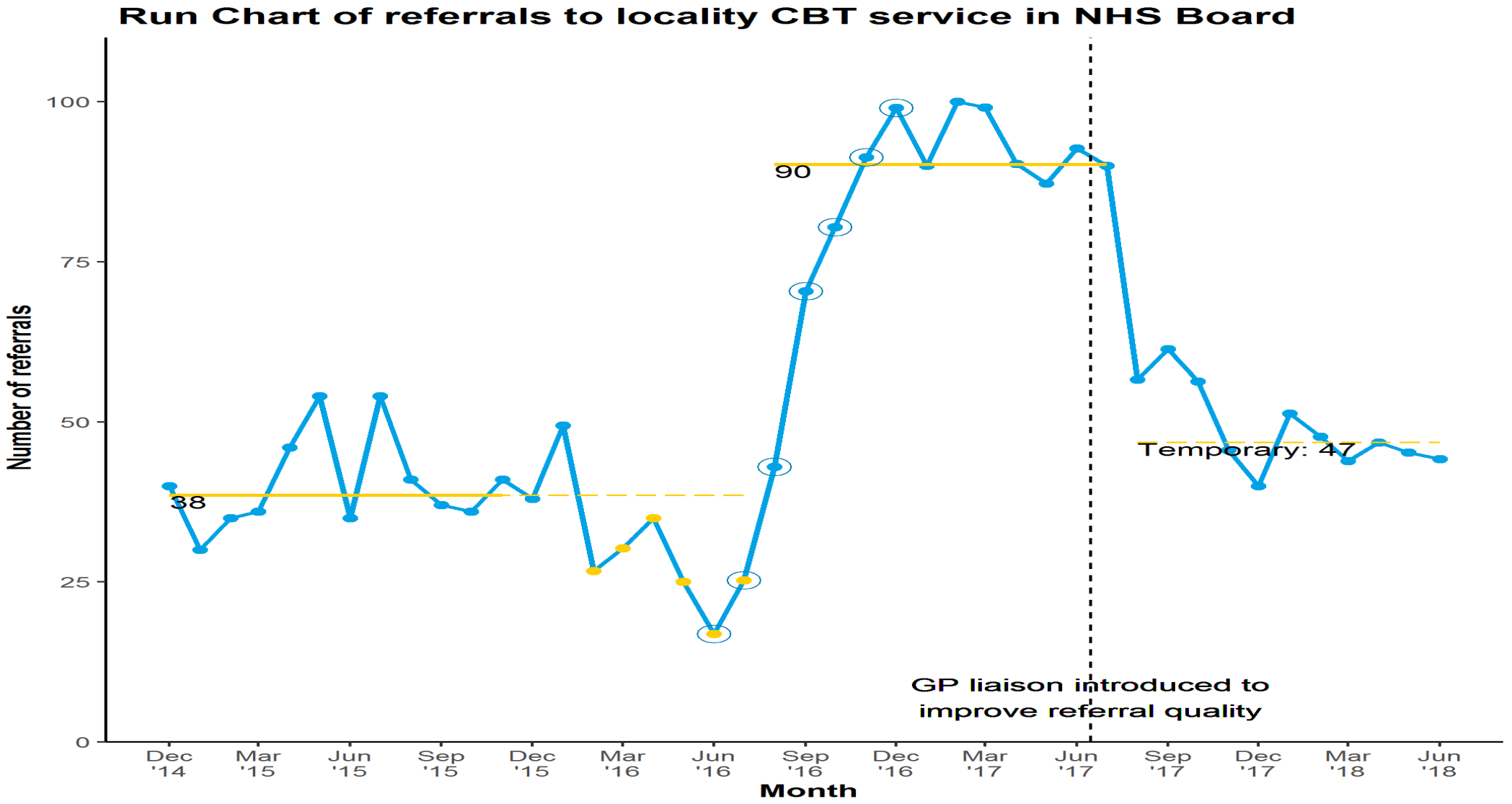


Data is fab! – it informs....



....to improve outcomes for individuals

Data is fab! – it measures/makes us ask questions...

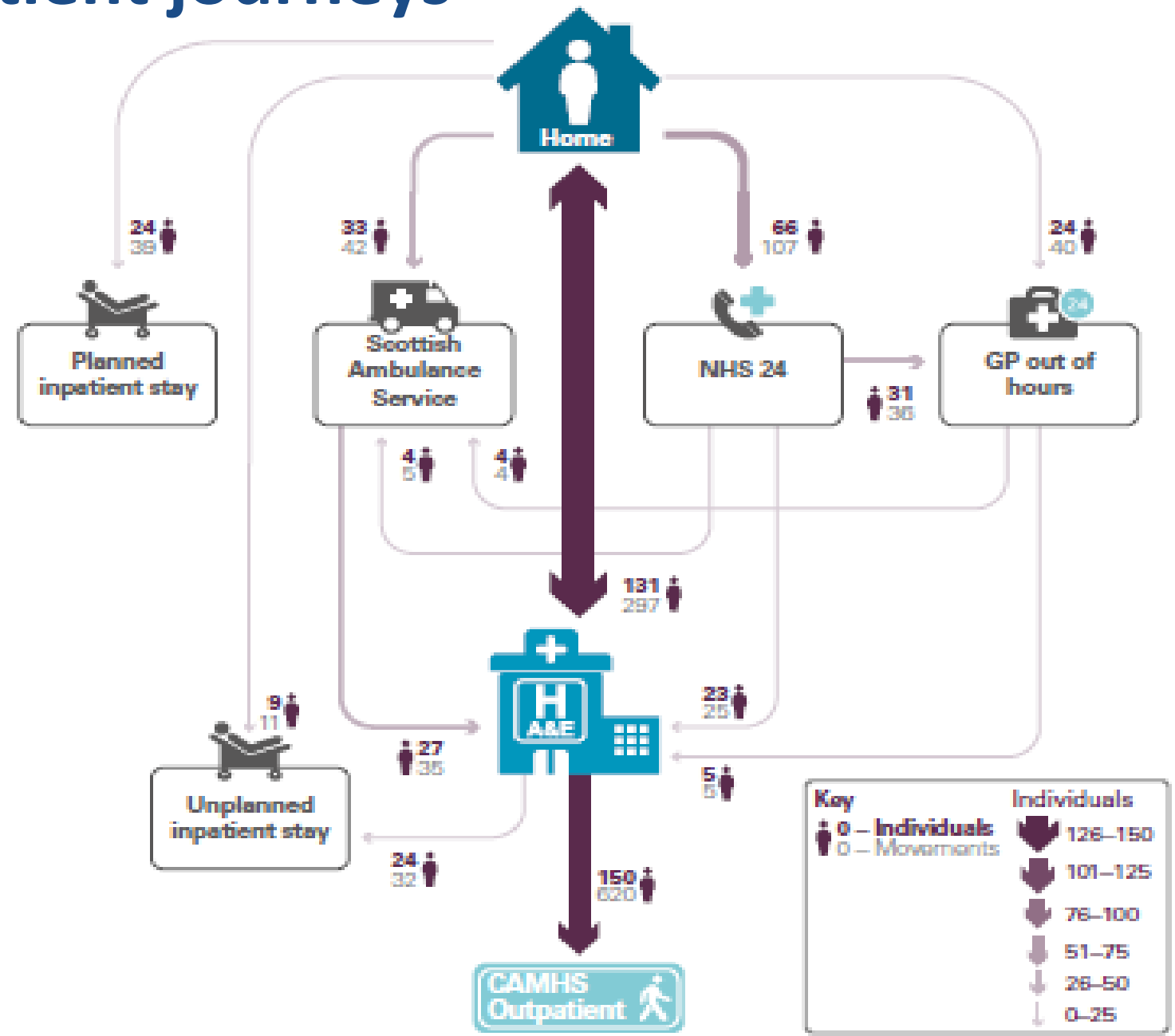


Data is fab! – Patient journeys

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

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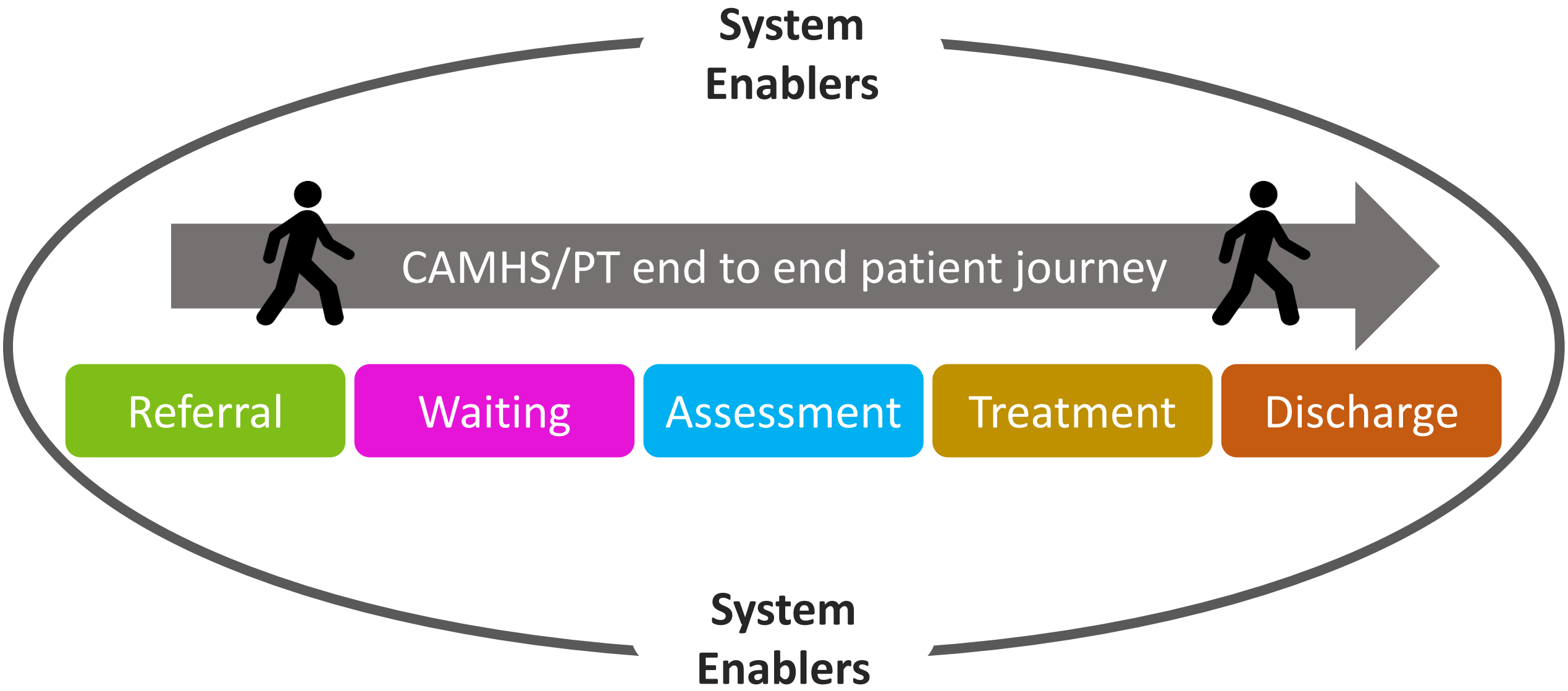
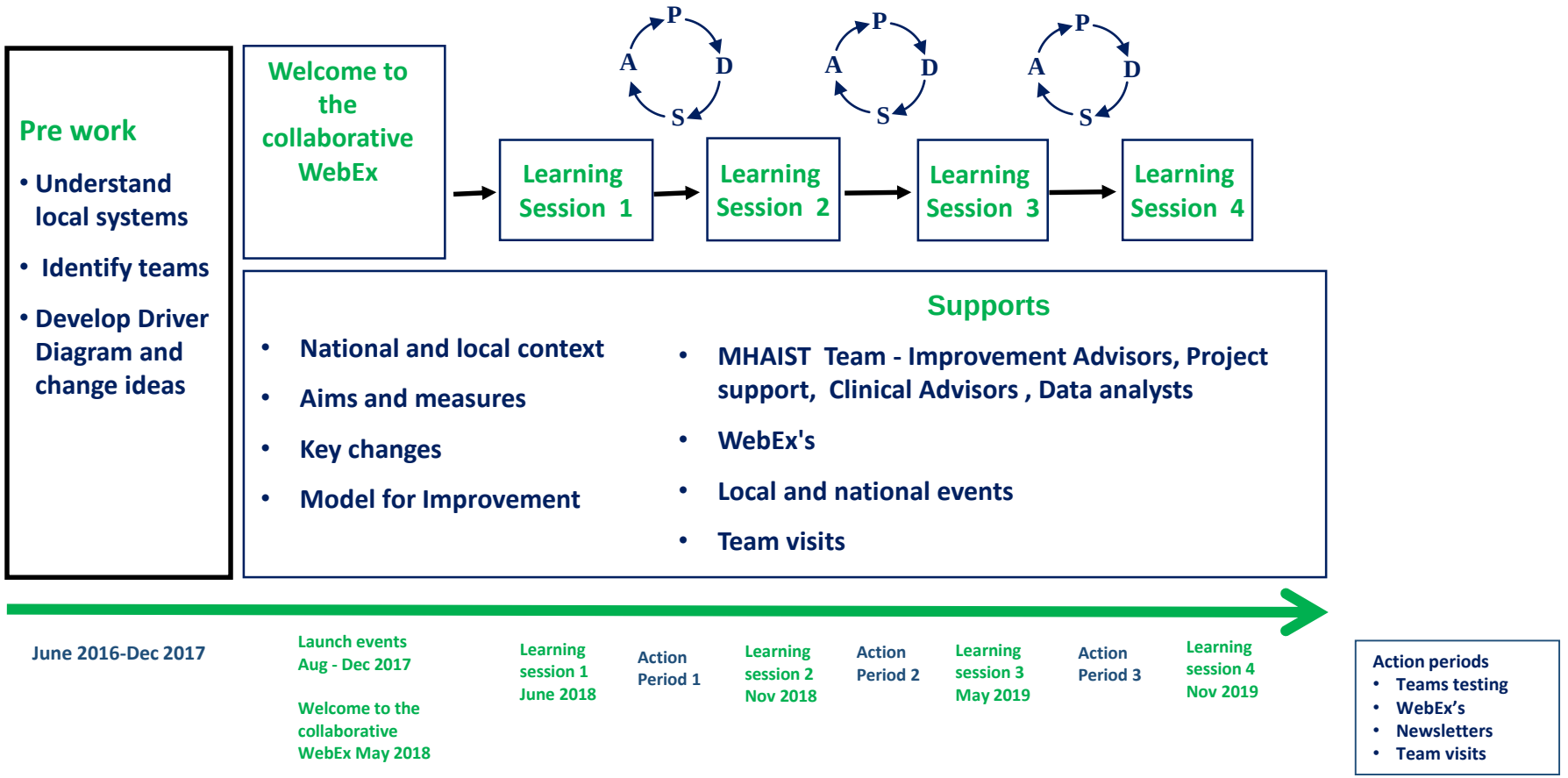
Focus of work – Providing Person Centred, Efficient and Effective Care by Reducing Waste and Adding Value

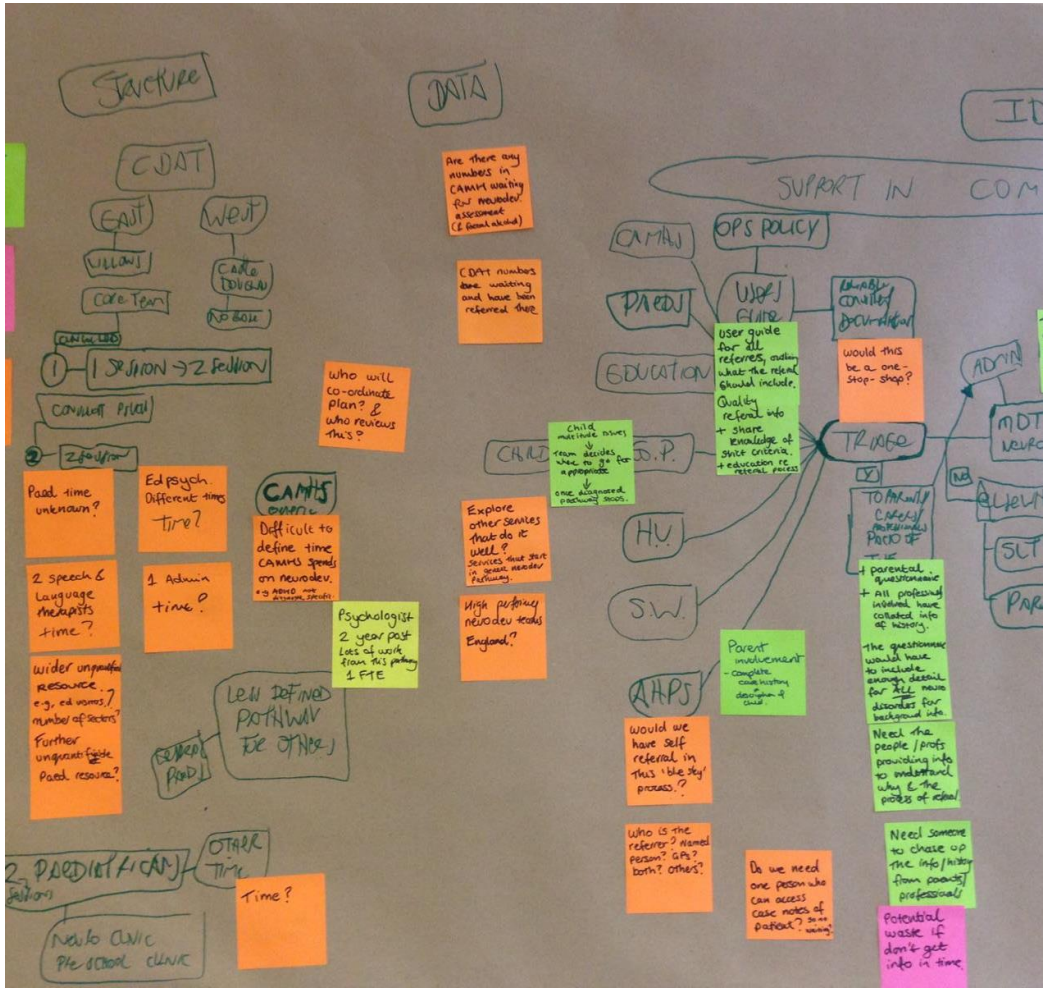


Mental Health Access Improvement Collaborative

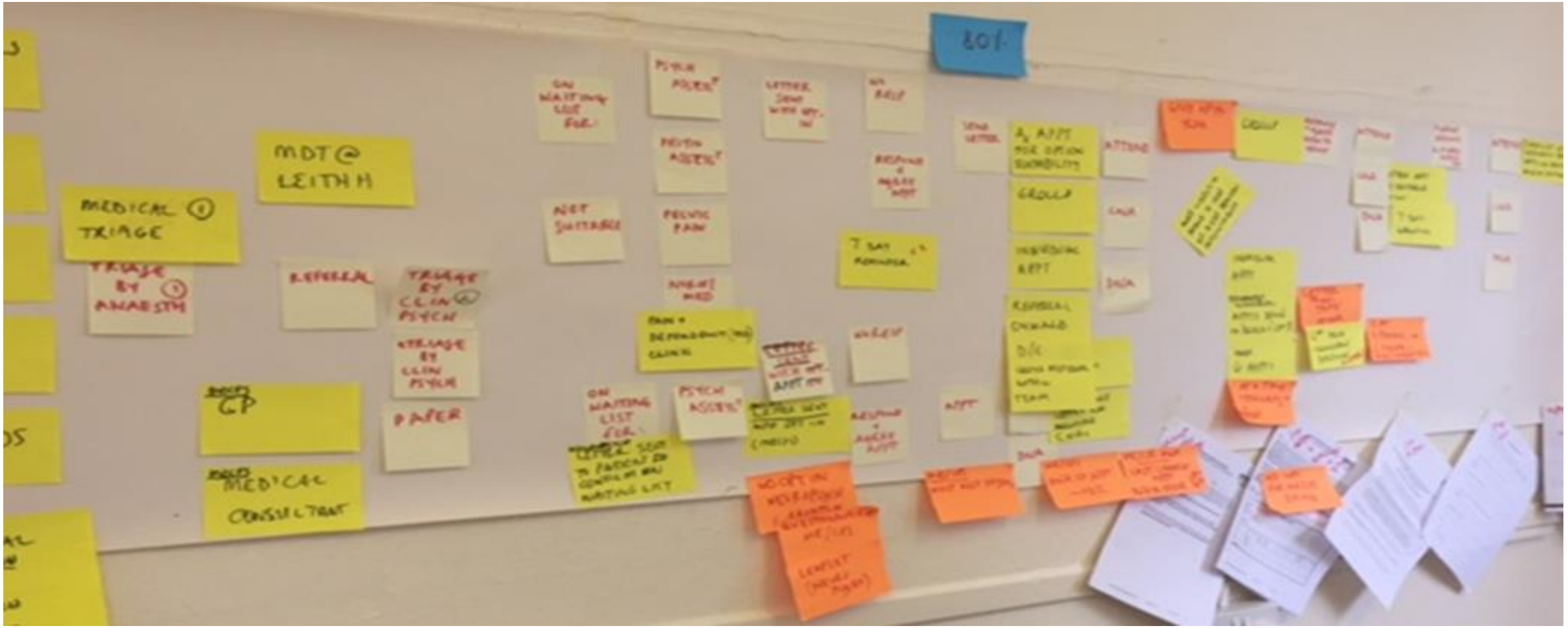


Based on *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement.* IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (www.IHI.org)

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

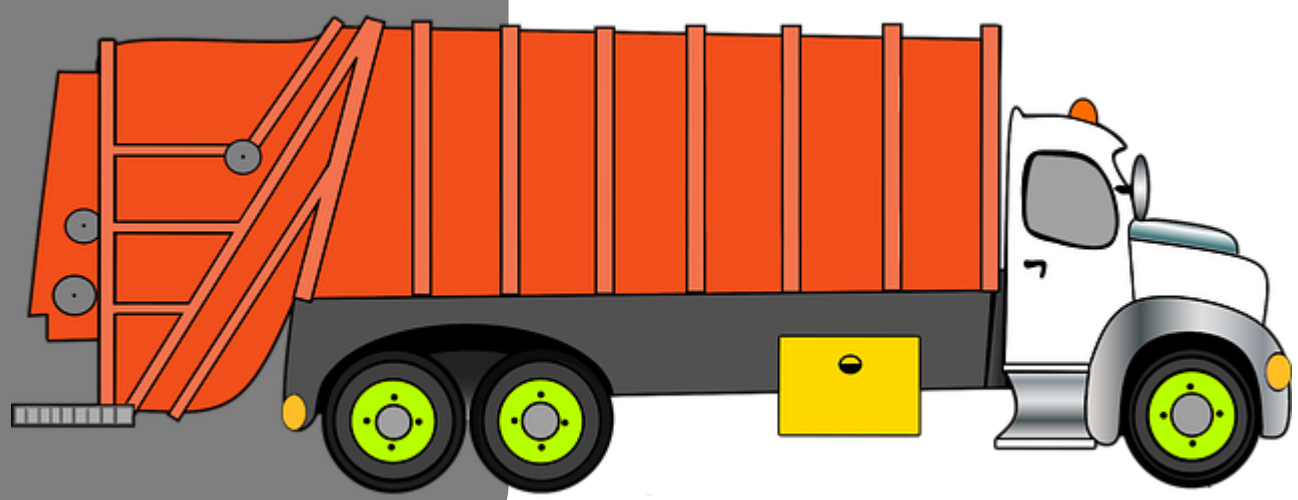
How did teams make a difference?

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.



8 Wastes

8 Wastes
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.
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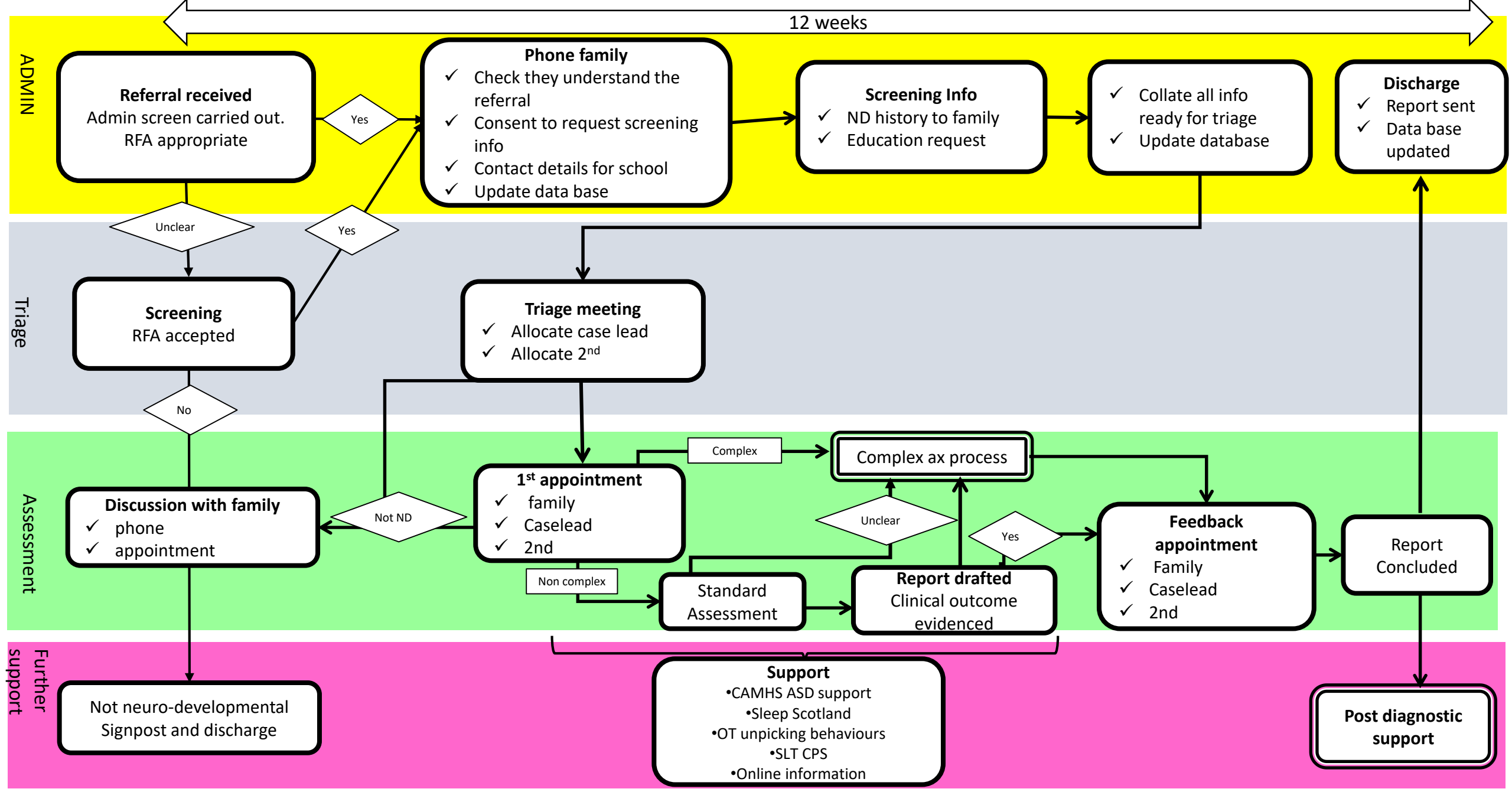
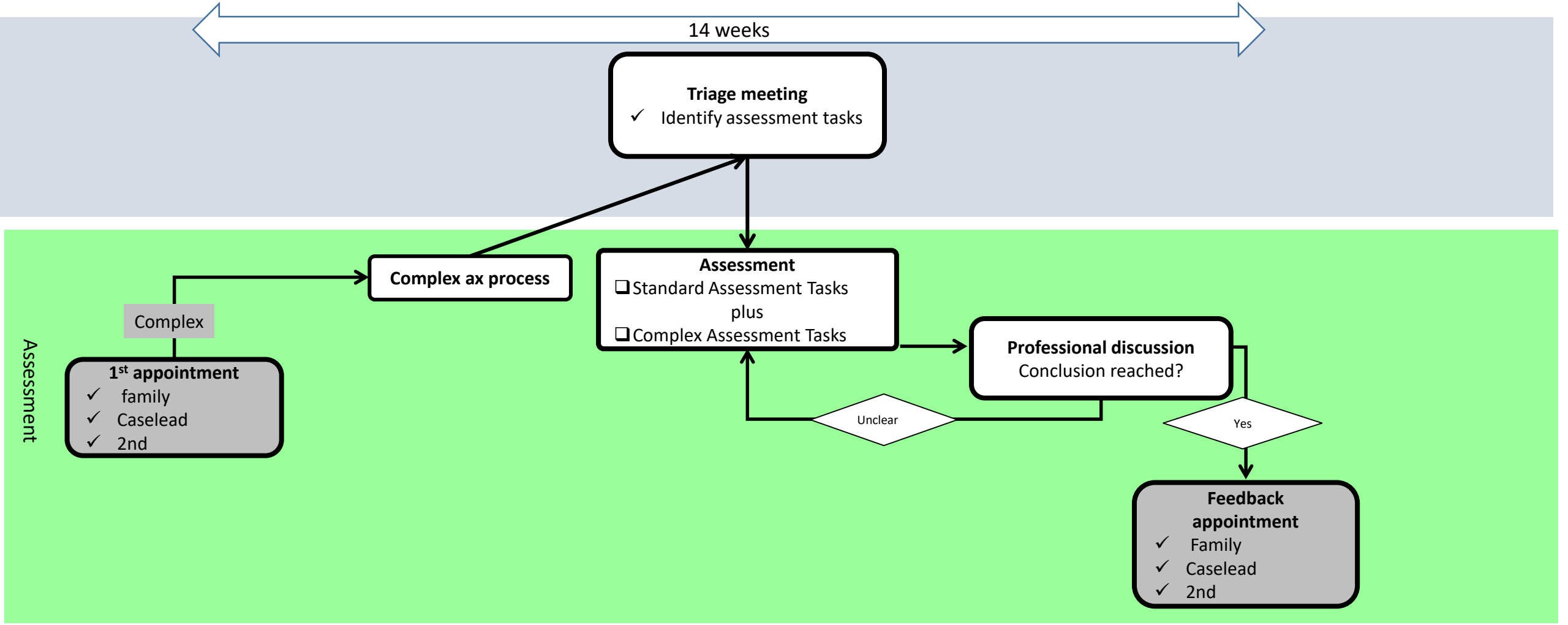
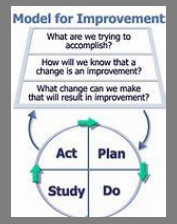
Example of Collaborative Team Working

NHS Dumfries and Galloway Neurodevelopmental service


12 weeks
ADMIN
Referral received
Admin screen carried out.
RFA appropriate
Yes
Phone family
✓ Check they understand the referral
✓ Consent to request screening info
✓ Contact details for school
✓ Update data base
Screening Info
✓ ND history to family
✓ Education request
✓ Collate all info ready for triage
✓ Update database
Discharge
✓ Report sent
✓ Data base updated
Unclear
Yes
Triage
Screening
RFA accepted
Triage meeting
✓ Allocate case lead
✓ Allocate 2nd
No
Assessment
Discussion with family
✓ phone
✓ appointment
Not ND
1st appointment
✓ family
✓ Caselead
✓ 2nd
Complex
Complex ax process
Unclear
Yes
Non complex
Standard Assessment
Report drafted
Clinical outcome evidenced
Feedback appointment
✓ Family
✓ Caselead
✓ 2nd
Report Concluded
Further support
Not neuro-developmental
Signpost and discharge
Support
•CAMHS ASD support
•Sleep Scotland
•OT unpicking behaviours
•SLT CPS
•Online information
Post diagnostic support


14 weeks
Triage meeting
✓ Identify assessment tasks
Assessment
Complex ax process
Complex
1st appointment
✓ family
✓ Caselead
✓ 2nd
Assessment
❑ Standard Assessment Tasks
plus
❑ Complex Assessment Tasks
Professional discussion
Conclusion reached?
Unclear
Yes
Feedback appointment
✓ Family
✓ Caselead
✓ 2nd

Developed checklists



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

Telephone Record

Name	**CHI**	Date of call
Person contacted		Relationship to child

Outcome of call

☐ Attempted call (date) ..... ☐ Attempted call (date) .....
☐ Unable to contact by phone – letter sent asking family to get in touch
☐ No response to letters, no further action to be taken. RFA sent for scanning. Eportal entry made.
☐ Initial conversation complete (date)

Initial Conversation

Your child has been referred to....., where you aware of this referral? New service mock clinic explained and rationale for including child in Mock clinic.
☐ yes ☐no
Explain as necessary what the Service is. The first thing we do is start to gather more information to help us plan what assessments are needed. To do this, we would like to send you a parent checklist so you can tell us a bit more about their development. We also ask for information from your child's nursery / school.
Are you happy for us to go ahead with gathering this information?
☐ yes ☐no

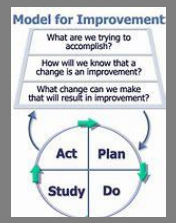
Parent Developmental Checklist preference	**Education information**
☐ paper ☐ email	Name of person to contact Name of school / nursery

Once we have this information, the referral will be discussed by the team and someone from the team will get in touch with you to discuss what happens next. Do you have any questions just now?

Admin Complete	
☐ Parent Developmental checklist received	☐ Casefile handed over to team for triage
☐ Education information received	☐ Database updated for audit purposes
☐ Unable to proceed	

Name **Signed**

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			
Name	**CHI**		Triage Date
Outcome of triage			
☐ Neurodevelopmental Assessment Appropriate Further assessment required for ☐ ASD ☐ EF ☐ ADHD ☐ CVI ☐ ID ☐ FASD ☐ Sensory ☐Initial appointment to be arranged for: Date ..... Time ..... Appointment with: ..... Case lead: ..... ☐ Initial appointment to be booked in by admin ☐ Additional appointment needed with ..... By date		☐ Neurodevelopmental Assessment not appropriate **Reason:** ☐ referral appropriate for another service ☐ no evidence of delay / difficulties ☐ consent from family not gained **Discussion with family to advise:** ☐ By Phone call allocated to ..... ☐ By appointment Date ..... Time	
Discussion notes			
Evidence of potential difficulties with:	**Reported by family**	**Reported by teaching staff**	
Learning	☐	☐	
Interaction with peers	☐	☐	
Communication	☐	☐	
Rigidity	☐	☐	
Participation in everyday activities	☐	☐	
Attention and concentration	☐	☐	
Relationships	☐	☐	
Difficult life experiences	☐	☐	
Sensory difficulties	☐	☐	
Behavioural issues	☐	☐	
Different evidence reported	☐	☐	
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	
Name		**Signed**	

Healthcare Improvement Scotland

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:**

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Claire.gray@Lanarkshire.scot.nhs.uk

Tel: 01236 712 564

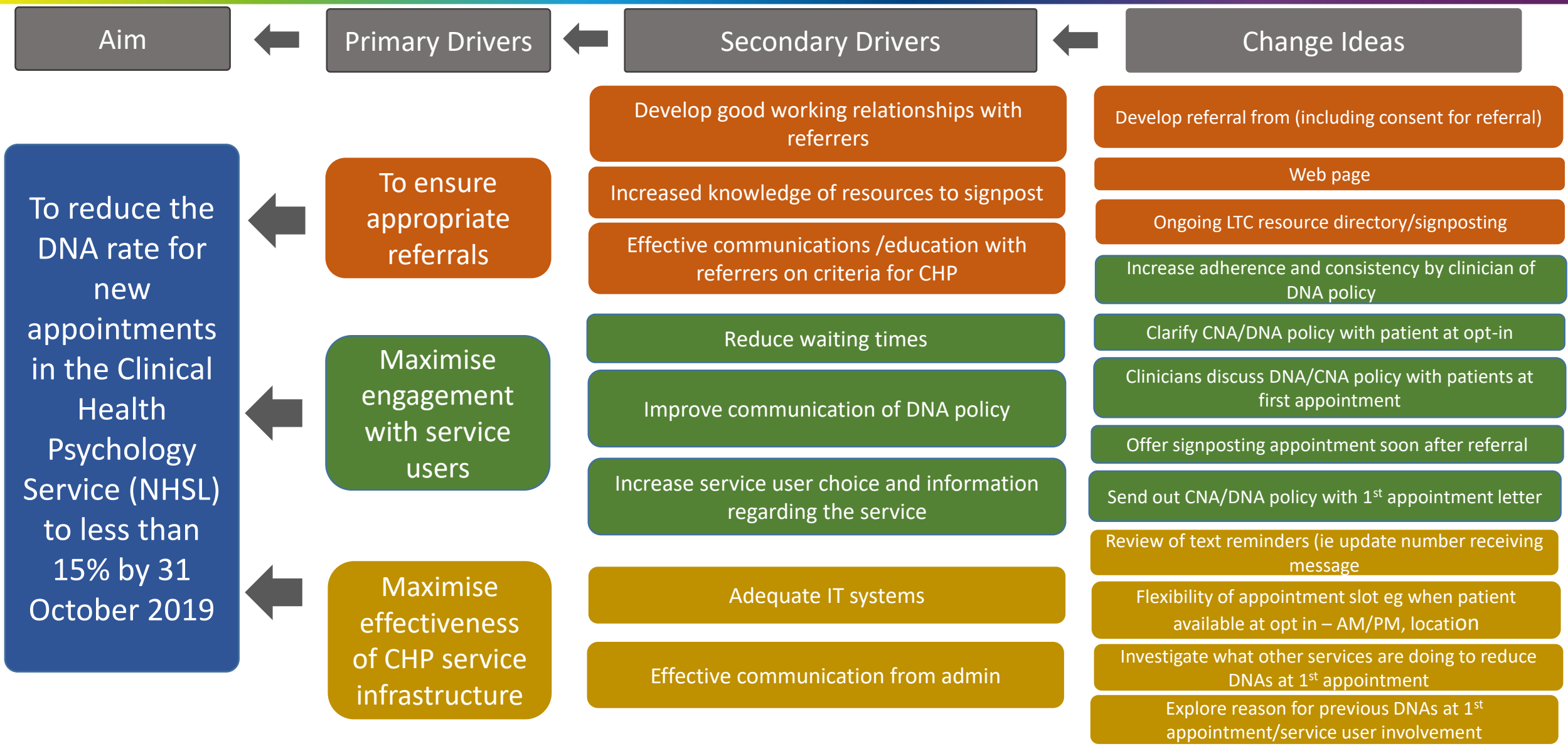
Project Aim

- 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

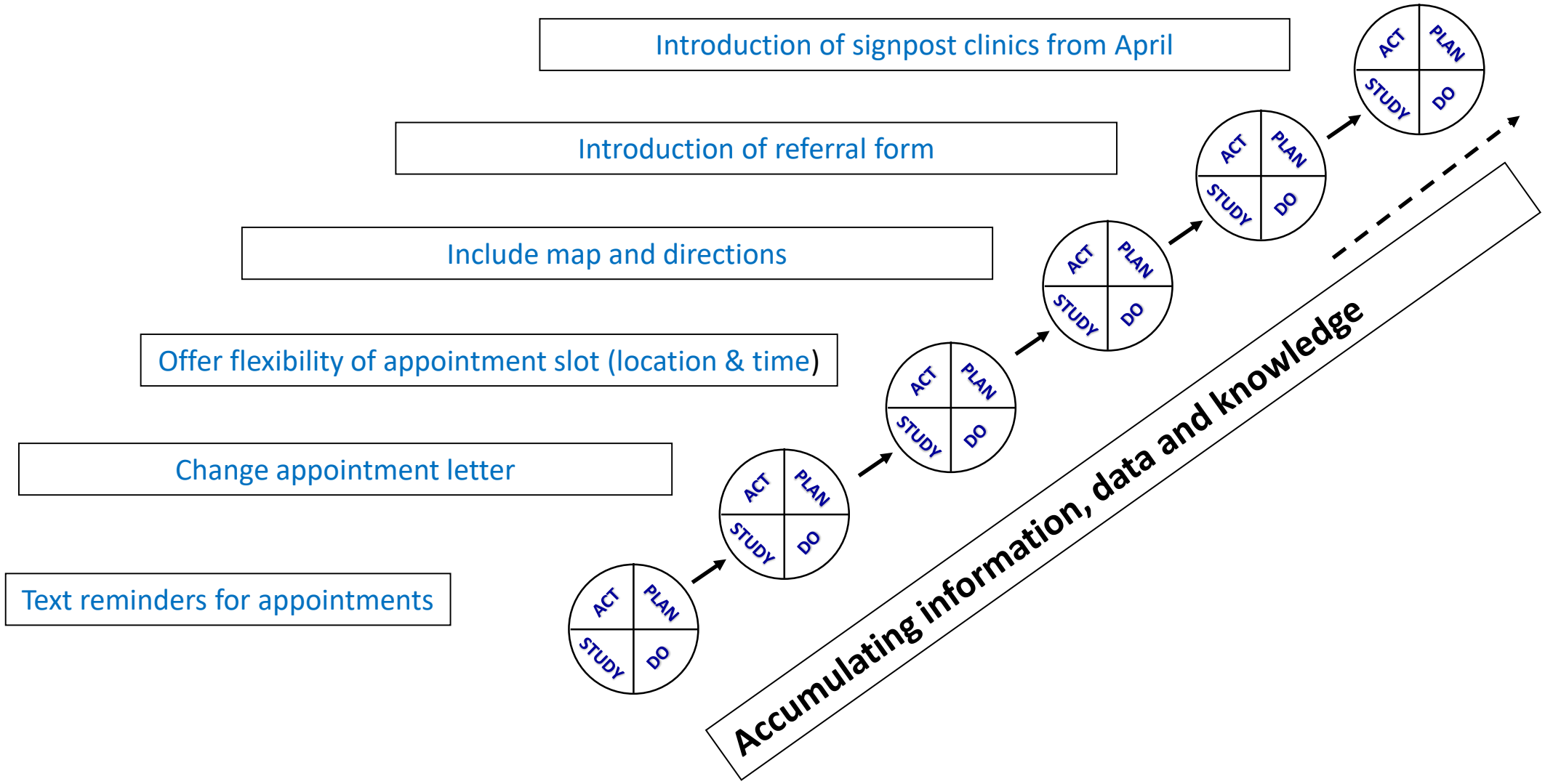
Why is this important?

- 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.

Driver Diagram



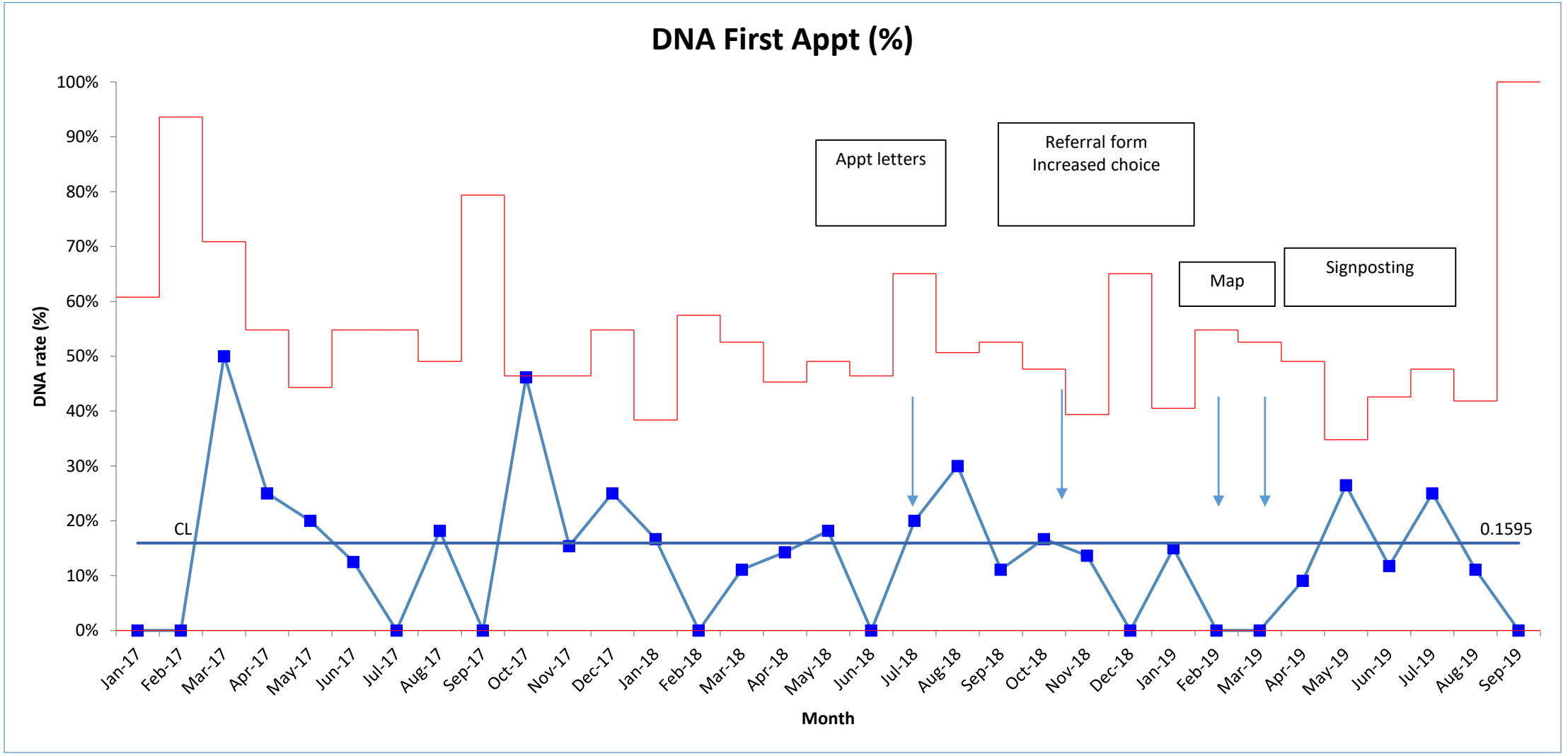
Tests of change / PDSAs / Testing



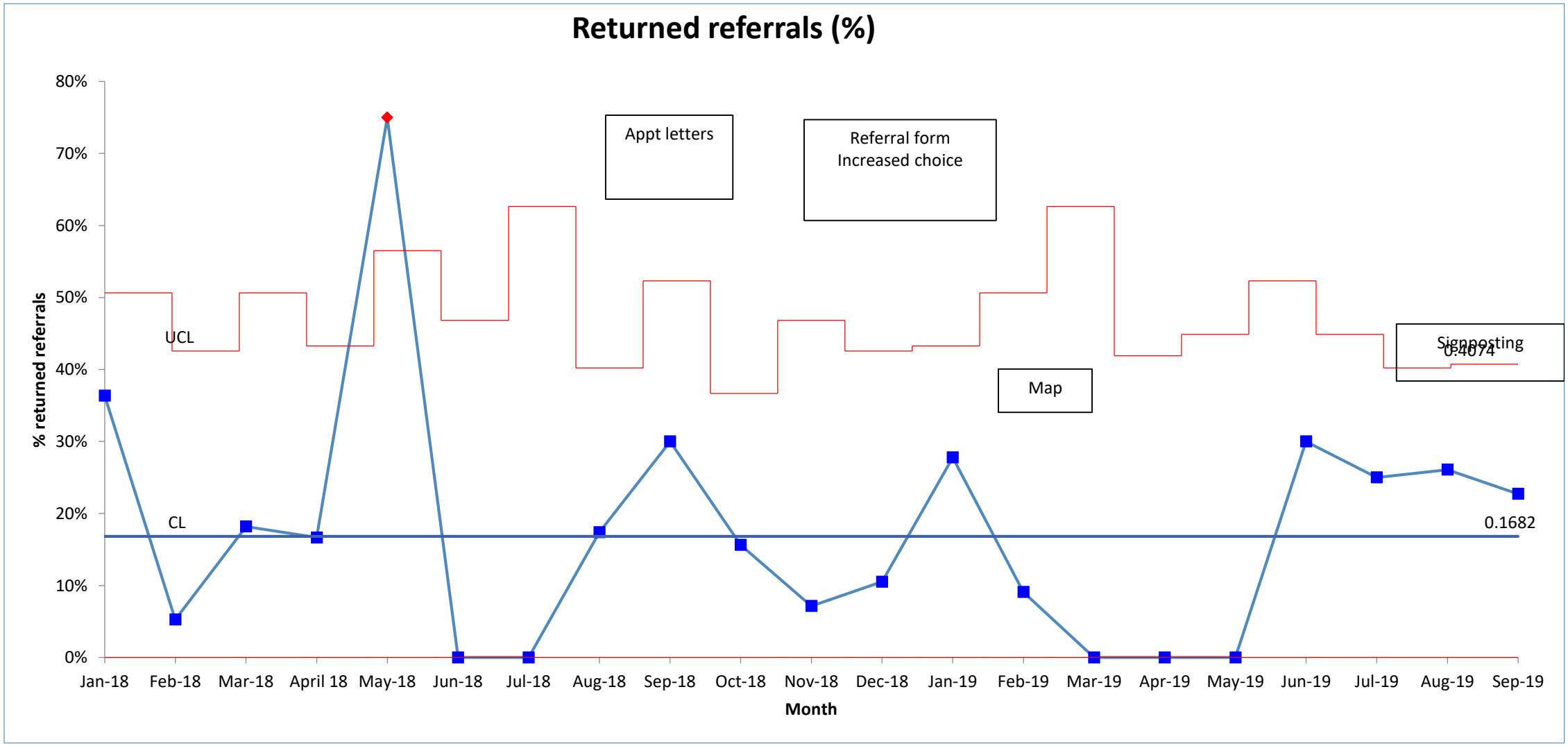
Data

- **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

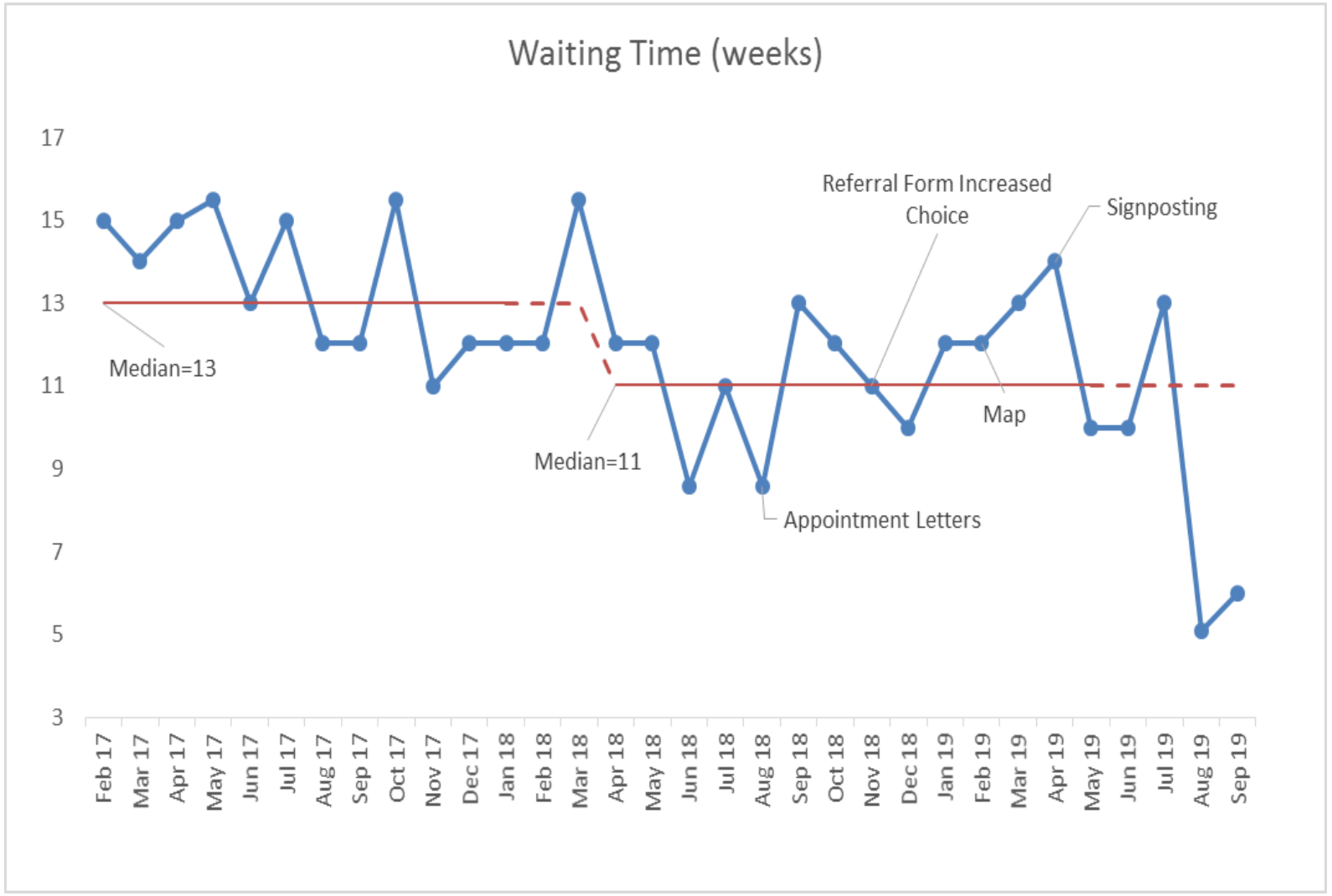
Data


DNA First Appt (%)
DNA rate (%)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
CL
0.1595
Appt letters
Referral form
Increased choice
Map
Signposting
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Month

Data

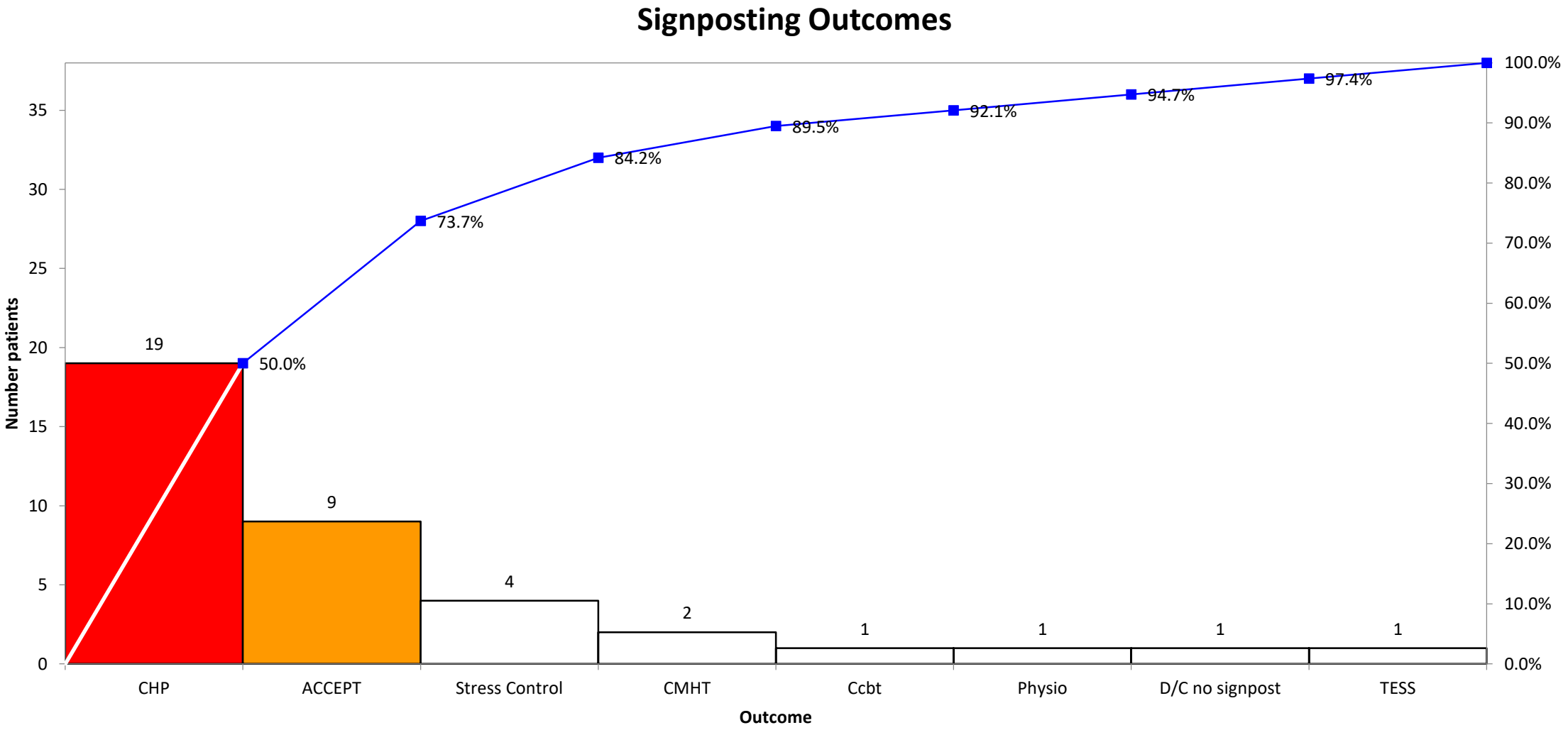

Returned referrals (%)
80%
70%
60%
50%
40%
30%
20%
10%
0%
% returned referrals
Appt letters
Referral form
Increased choice
Map
Signposting
UCL
0.4074
CL
0.1682
Jan-18
Feb-18
Mar-18
April 18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Month

Data



- The median waiting time for the service has reduced from 13 to 11 weeks.

Data

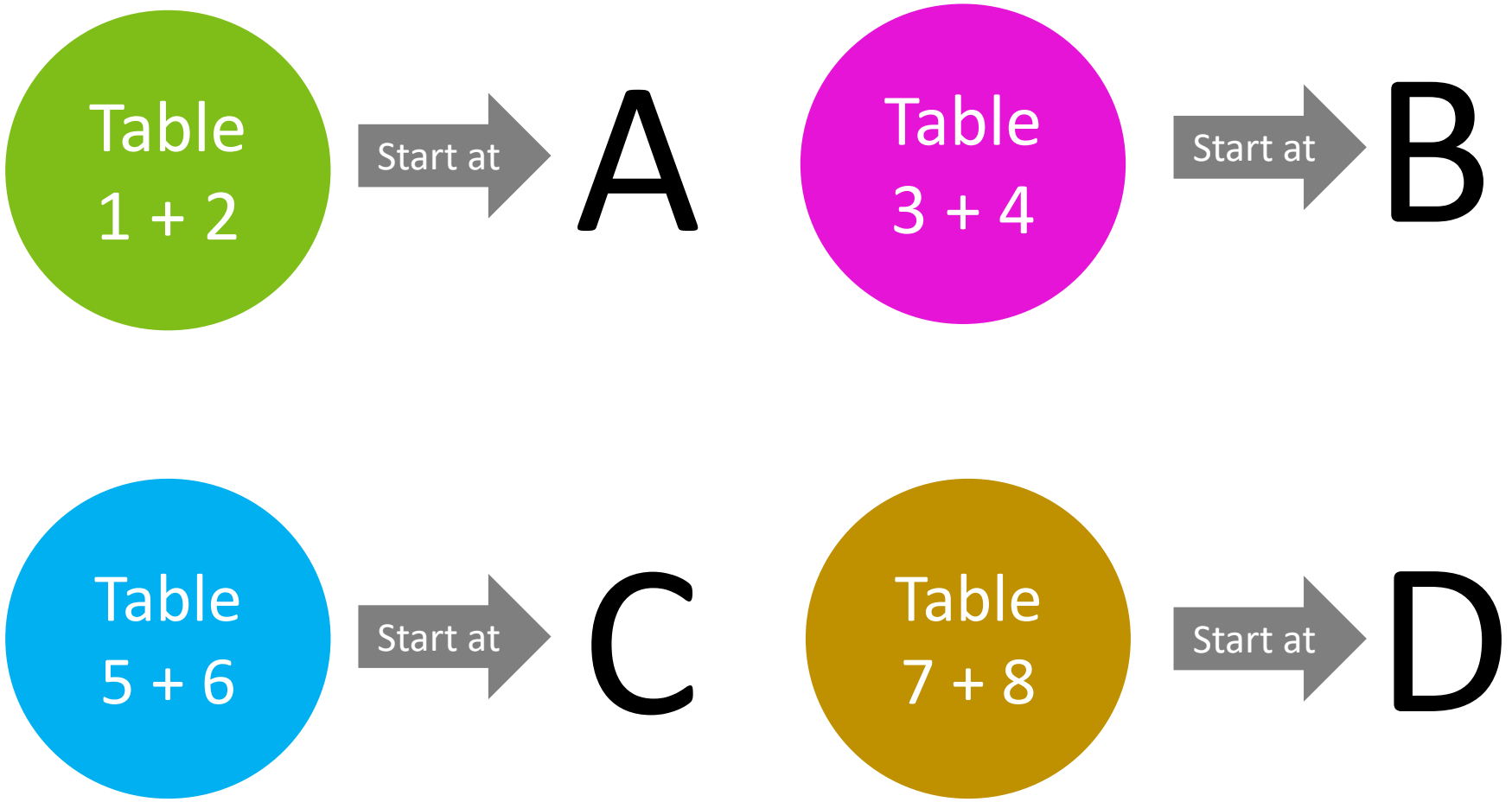

Signposting Outcomes
Number patients
Outcome
0
5
10
15
20
25
30
35
0.0%
10.0%
20.0%
30.0%
40.0%
50.0%
60.0%
70.0%
80.0%
90.0%
100.0%
19
9
4
2
1
1
1
1
50.0%
73.7%
84.2%
89.5%
92.1%
94.7%
97.4%
CHP
ACCEPT
Stress Control
CMHT
Ccbt
Physio
D/C no signpost
TESS

Learning and Next Steps

Learning	Future plans
• Engage the wider team • Impact on admin • Patient perspective • Challenge of IT systems • MHAIST project updates helpful	• Continue monitoring data • Patient perspective • Explore cancellations • Share QI work with other teams • Other QI project (renal)

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?



Coffee

Consider your Priority Areas of Work

What affects productivity in this work?

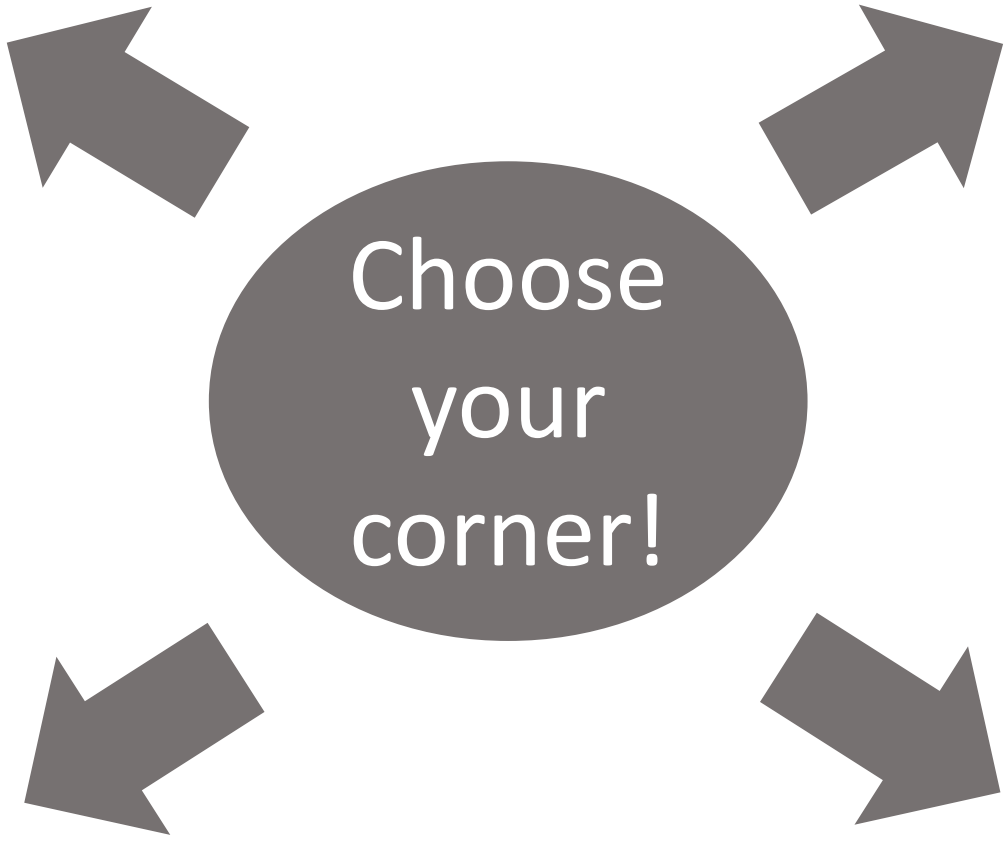
Facilitator at each table

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

Time to Choose

A
Waiting

B
Over
Processing



C
Over
Production

D
Movement

Corner Exercise

In pairs, consider three things:

What is the issue?

2

Who is going to help you?

3

Potential solutions?

Pledge Wall