What might help reduce waiting times in CAMHS?

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The Need for Change

- High referral numbers
- Long referrals meeting
- Poor quality referral information
- Lack of systematic liaison with referrers/families
- Delays in decision making
- Insufficient information about alternative services or self help
Increase in referrals Vs reduction in resource

No. of referrals received by Newham CAMHS per month

- UCL
- LCL

Count

60 70 80 90 100 110 120 130 140 150 160

Key Aims of Front Door Team

• **Improve decisions:** Do referred children require input from CAMHS? Can they be signposted to alternative services?

• **Reduce waiting times** for first appointment.

• **Improve patient experience** of referral process by offering a more responsive service.
A New Referral Process

Referral received

Referral meeting (FD clinician and Senior)

Allocate (Urgent)
Allocate (Routine)
Triage
Redirect/CLOSE

Feedback meeting (FD clinician and Senior)
Group Exercise

You are part of the CAMHS Front Door Team and as a group you are required to make decisions about incoming referrals.

**Stage 1.** Identify what should happen with each new referral:
- Allocate (Urgent)
- Allocate (Routine)
- Triage
- Redirect/Close

**Stage 2.** Identify what should happen with the triaged referrals:
- Allocate (Urgent)
- Allocate (Routine)
- Redirect/Close
Newham CAMHS Front Door Team

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Dr Carly Huck, Clinical Psychologist
Dr Brigitte Wilkinson, Consultant Clinical Psychologist, Lead Clinician
Frances St John, Family Therapist
Nazneen Ramsahye, Lead Administrator
Annabelle Perdido, Team Administrator
Meredith Mora, QI Clinical Fellow
Key Aims of Front Door Team

• **Improve decisions:** Do referred children require input from CFCS? Can they be signposted to alternative services?

• **Reduce waiting times** for first appointment at CFCS from 11 weeks to 9 weeks by April 2015.

• **Improve patient experience** of referral process by offering a more responsive service.
Quality Improvement (QI) Programme

PDSA cycles
Plan, Do, Study, Act

Cycle 1: Develop a standardize triage assessment script

Cycle 2: Develop a self-help and local service database

Cycle 3: Pilot the ‘Front door’ (triage) service

Cycle 4: Use interpreters in triage assessments

Cycle 5: Offer face-to-face ‘drop-in’ appointments

Cycle 6: Pilot combined DLC & ‘front door’ role

Cycle 7: Align referral admin with ‘front door’ service

Cycle 8: Implement the ‘front door’ service
AIM

To reduce waiting times for CFCS from 11 weeks to 9 weeks by April 2015 and improve the patient experience of referral to CFCS as demonstrated by increased attendance at first appointment.

PRIMARY DRIVERS

Referral Processes
- Define Admin process for handling referrals
- Define standards from CAMHS clinicians in liaison activity with referrers
- Streamlining referral processes
- Identify and use onward pathways for cases diverted from CFCS

Demand Management
- Information provided to referrers about CFCS
- Checklists/Screening tools for referrers
- Awareness events
- Signposting to alternative services

Limited Capacity
- Increase proportion of telephone consultation time
- Workload balancing

Broaden interventions
- Develop self help materials

SECONDARY DRIVERS

CHANGE IDEAS

- Review and develop administrative systems for referrals
- Standardise liaison activity with referrers
- Review and rationalise info sent to families
- Screening checklists for GPs/referrers
- Develop knowledge about alternative services in community / ‘secret shopper’ users.
- Develop telephone screening protocol for families
- Develop welcome call to families accepted to CAMHS prior to appt
- Develop library of easily accessible self-help materials
Outcomes
• Average wait for first appointment has dropped from an average of **69** to **54** days for the whole clinic.

**Warning: Data issues**
% of families seen within 9 weeks has increased from an average of 47% to 66% for the whole clinic.
The current average waiting time for a triage assessment is **under 2 weeks**.
Attendance Rates of First Face-To-Face Appointment

Data snap-shot: All referrals received in February 2015 (N= 60)
Outcome after Triage Assessment

- **45%**: Allocate within CFCS
- **24%**: Close (no support needed/no contact made)
- **22%**: Re-direct to more appropriate service
- **5%**: Provide Self-help only
- **4%**: Re-direct to appropriate service and provide self-help
Service User Feedback
The experience of the telephone call

<table>
<thead>
<tr>
<th>Limitations</th>
<th>Advantages</th>
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<tbody>
<tr>
<td>Language barriers</td>
<td>Familiar surroundings helps talk</td>
</tr>
<tr>
<td>Unexpected call</td>
<td>Benefits of unknown voice</td>
</tr>
<tr>
<td>Challenges of unknown voice</td>
<td>Less exposing &amp; more focused</td>
</tr>
</tbody>
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‘I just felt where I’ve had that woman talk to me in such a nice way, I thought maybe I’m going to have that here [at CAMHs] as well...’

‘[The triage call] was a lot more better than going to talk to someone in person, because when you talk to someone in person it’s harder and especially if you’re in a different environment as well... but when you’re at home & more relaxed... I just find it easier.’

**Being put at ease**
- Confidentiality
- Expectations
- Control
- Clinician’s persona

**Sense of relief and hope for help**
- Relief of beginning to talk with the hope of help
- Off my chest
- New conversations
- Positive changes having talked
Service User Feedback
Feedback and ideas for improvement

A Good Process
• Call Length
• Questions asked and use of measures
• Better than a letter

‘Maybe a text an hour before asking whether it’d O.K to call in an hour’.

Possible Areas for Consideration
• Text notification of the call
• Clinician measures as conversational tools

From Triage to Assessment
• Retelling the Story
• Use of triage call in initial assessment

‘When I’d already come out about the whole situation I thought oh I have to explain the whole situation again.. but I know I have to do it because it is going to help me.. So although it might be annoying saying the same thing over and over again... I found it fine’.
What next?

- **Further evaluation** - Service user feedback from families of their experience

- **Service user participation** – Ask young people to rate the self-help materials we have sent and discuss how they would prefer to access it. Visit other local services to gather information about accessibility, projects etc.

- **Eliminate weekly referral meeting** – Front Door Team will enable service to respond to risky cases more effectively and for allocations to be made on a daily basis.

- **Link up with related pilots within the service** (e.g. primary care and schools link)

- **Full Implementation** – To provide Front Door Team to all referrals on a daily basis. Caution! Resource implications
Discussion and Reflections
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