



# What might help reduce waiting times in CAMHS?

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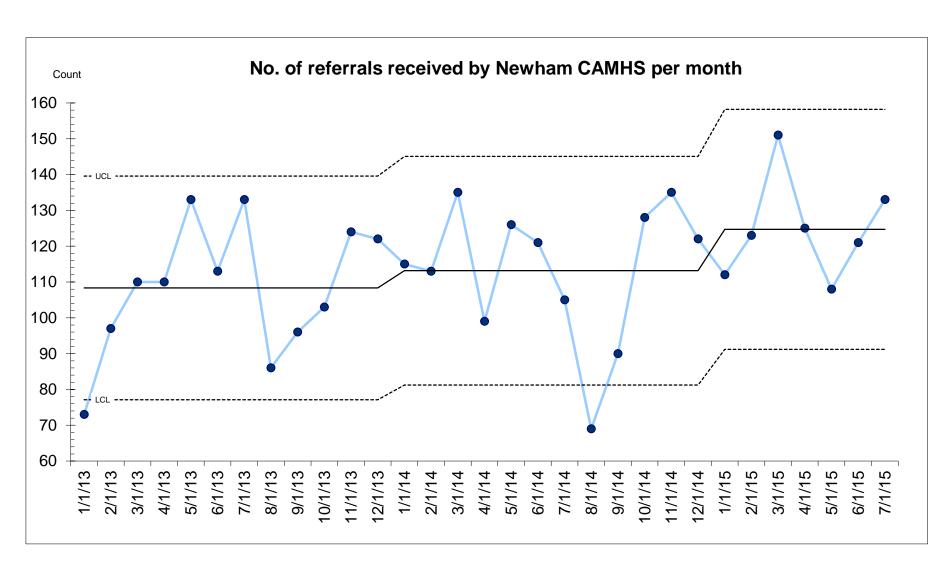
# The Need for Change

- 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







# **Key Aims of Front Door Team**

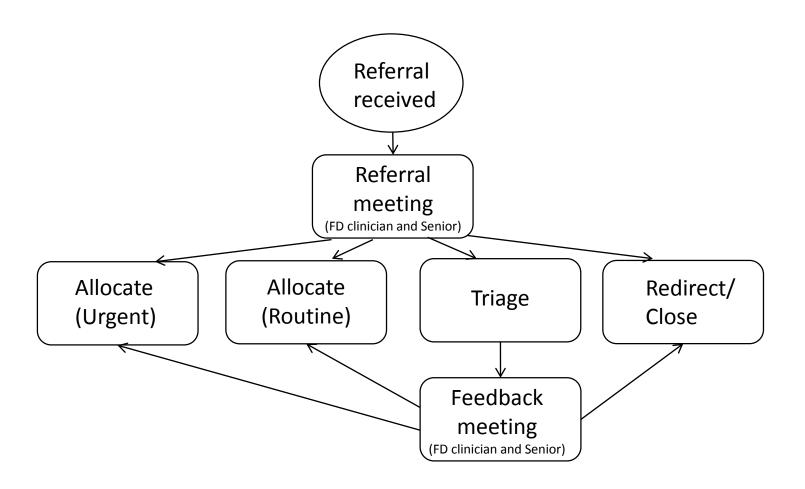
 Improve decisions: Do referred children require input from CAMHS? Can they be signposted to alternative services?

- Reduce waiting times for first appointment.
- Improve patient experience of referral process by offering a more responsive service.





## **A New Referral Process**







# **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**

Dr Priti Patel, Consultant Psychiatrist, Project Sponsor

Dr Freya Gill, Clinical Psychologist

Sari Ross, Clinical Nurse Specialist

**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 9: Implement the 'front door' service

**Cycle 8**: Align referral admin with 'front door' service

Cycle 7: Pilot combined DLC & 'front door' role

**Cycle 6**: Offer face-to-face 'drop-in' appointments

**Cycle 4**: Use interpreters in triage assessments

**Cycle 3**: Pilot the 'Front door' (triage) service

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

**Cycle 1**: Develop a standardize triage assessment script



# **Driver Diagram**



AIM

**PRIMARY DRIVERS** 

**SECONDARY DRIVERS** 

Define Admin process for handling referrals Define standards from CAMHS clinicians in liaison activity with referrers Referral Processes Streamlining referral Identify and use onward pathways for cases diverted from CFCS Information provided to referrers about CFCS Checklists/ Screening tools for referrers **Demand Management** Awareness events Signposting to alternative Increase proportion of telephone consultation time **Limited Capacity** Workload balancing Develop self help materials Broaden interventions

**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

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





# Outcomes

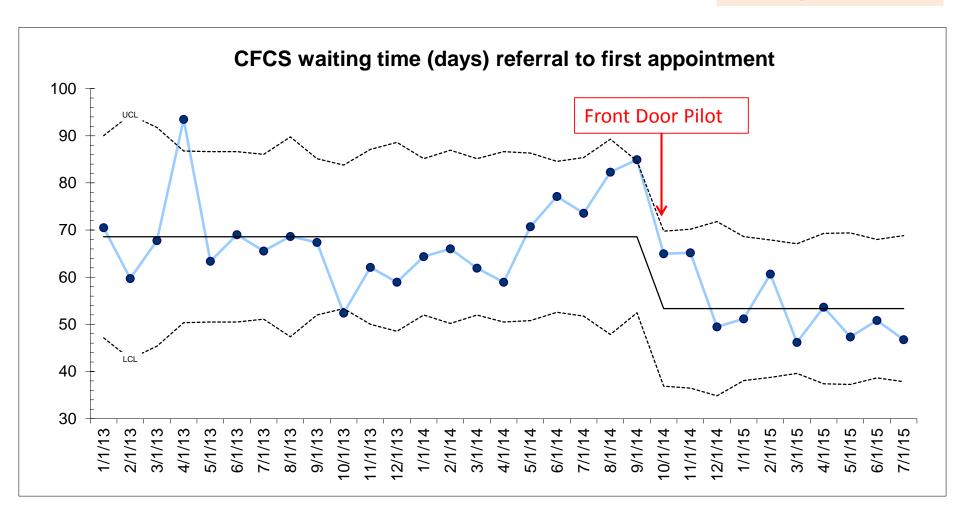


# **Waiting Time Data**



Average wait for first appointment has dropped from an average of 69 to
 54 days for the whole clinic.

Warning: Data issues



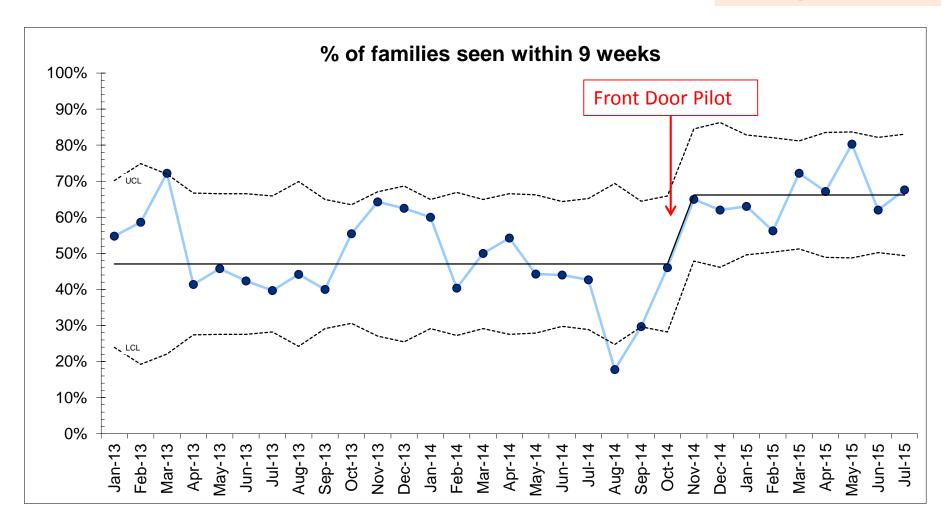


# **Waiting Time Data**



% of families seen within 9 weeks has increased from an average of 47% to 66% for the whole clinic.

Warning: Data issues

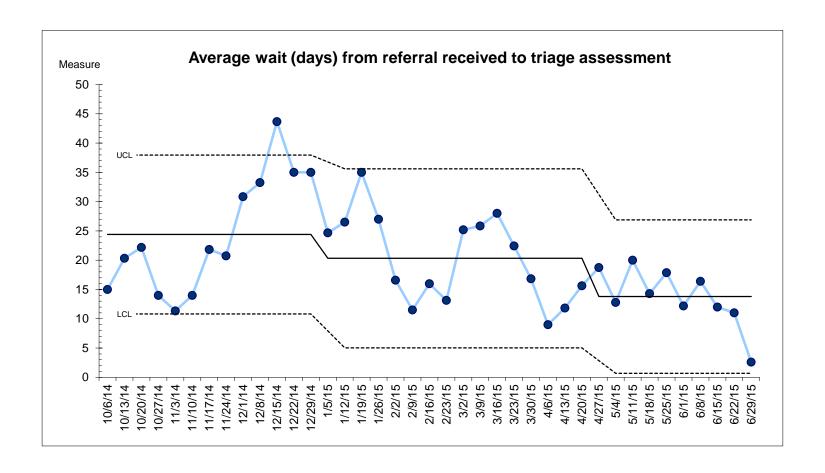




# **Triage Wait Times**



• The current average waiting time for a triage assessment is **under 2 weeks**.

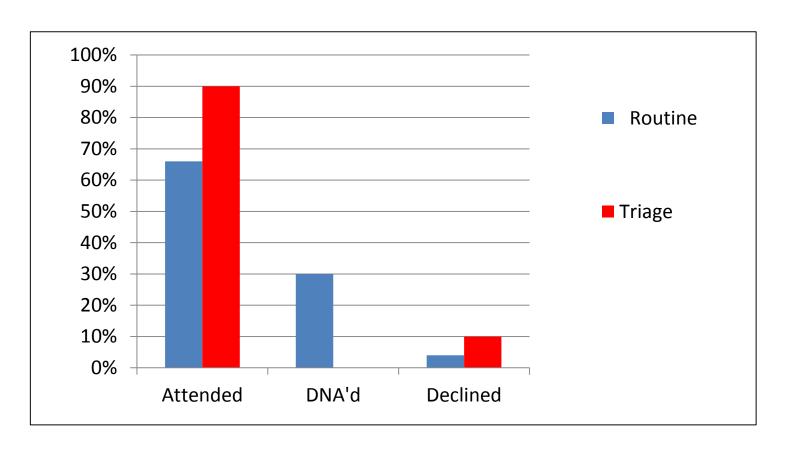






# Attendance Rates of First Face-To-Face Appointment

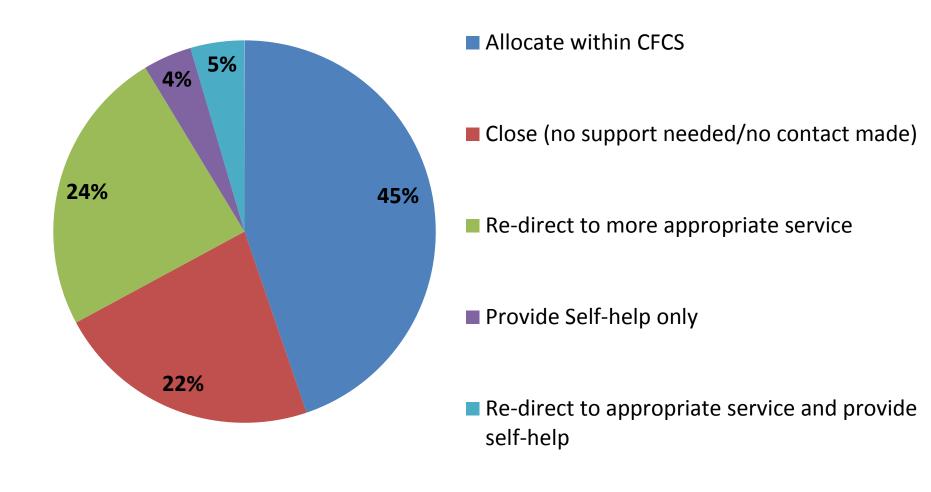
Data snap-shot: All referrals received in February 2015 (N= 60)







# **Outcome after Triage Assessment**







# Service User Feedback The experience of the telephone call

'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...'

| Limitations                 | Advantages                             |
|-----------------------------|--|
| Language barriers           | Familiar<br>surroundings helps<br>talk |
| Unexpected call             | Benefits of unknown voice              |
| Challenges of unknown voice | Less exposing & more focused           |

'[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 selfhelp 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**

## **Contact details**

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