QUALITY IMPROVEMENT PROGRAMME

East London NHS Foundation Trust

What might help reduce waiting times in CAMHS?

Bill Williams, General Manager and IAPT Project Lead, Tower Hamlets CAMHS

Dr Rebecca Adams, Consultant Child and Adolescent Psychiatrist, Tower Hamlets CAMHS

Dr Freya Gill, Clinical Psychologist, Newham CAMHS

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

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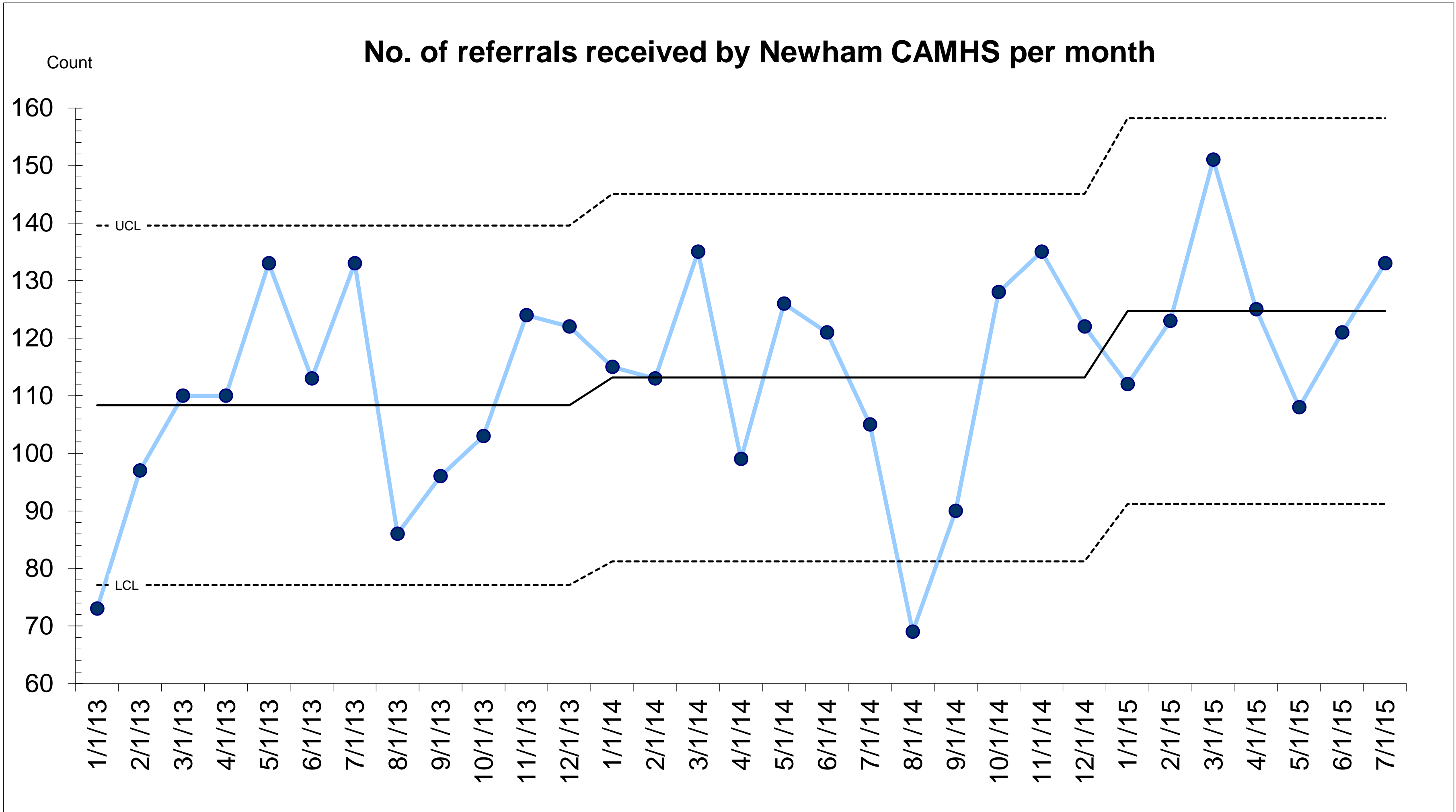
Increase in referrals Vs reduction in resource



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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.

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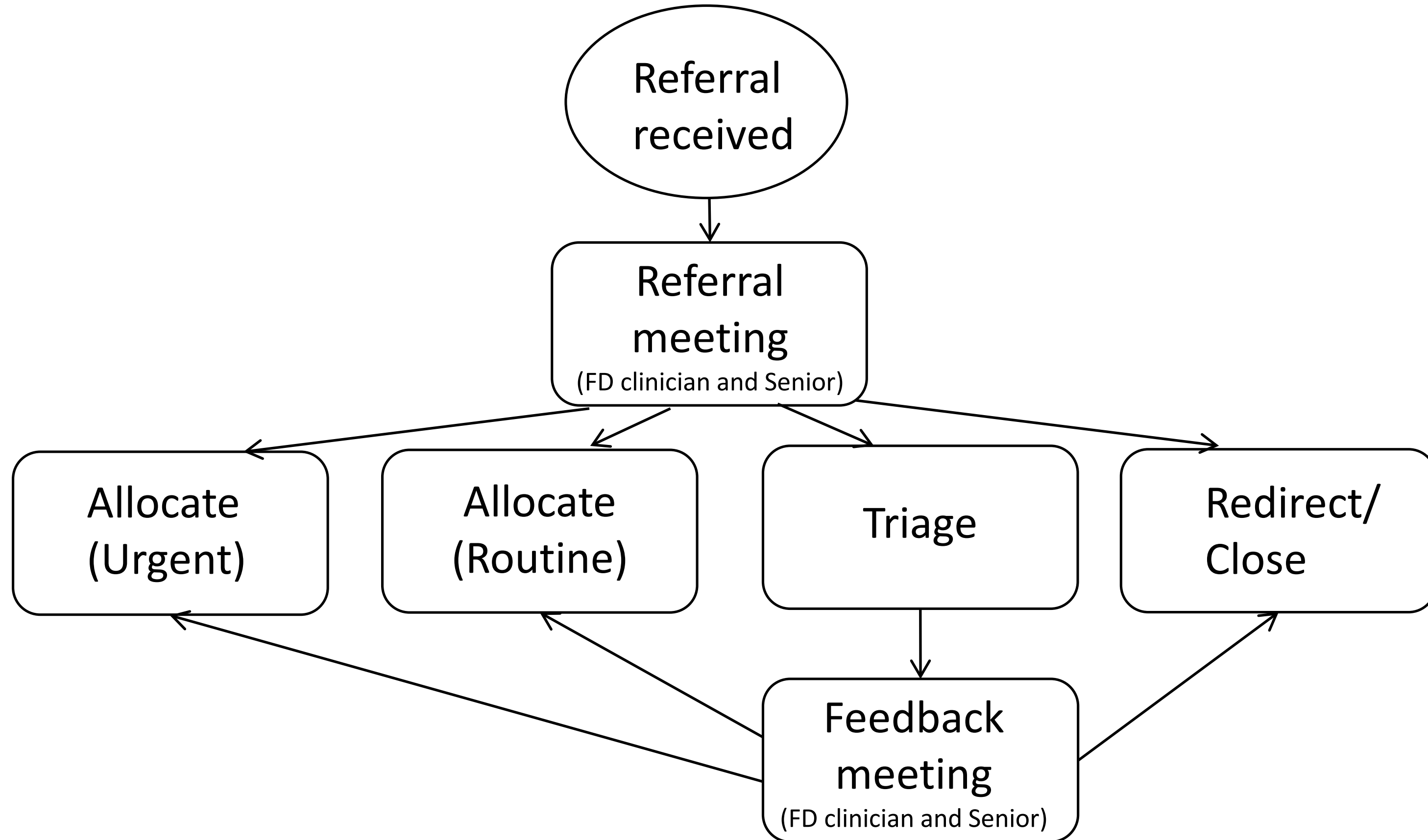
A New Referral Process



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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

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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.

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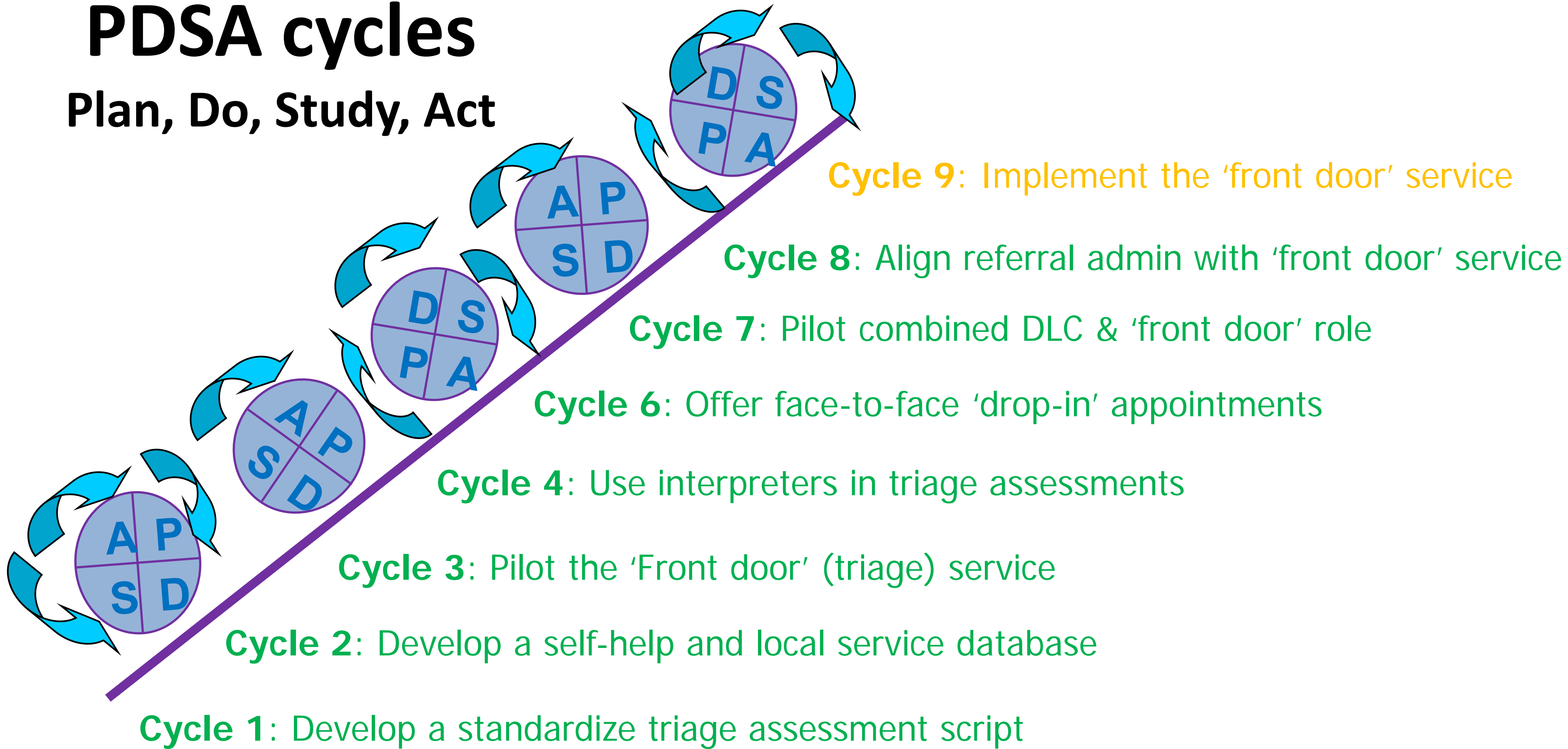
Quality Improvement (QI) Programme



Driver Diagram

Quality Improvement Programme

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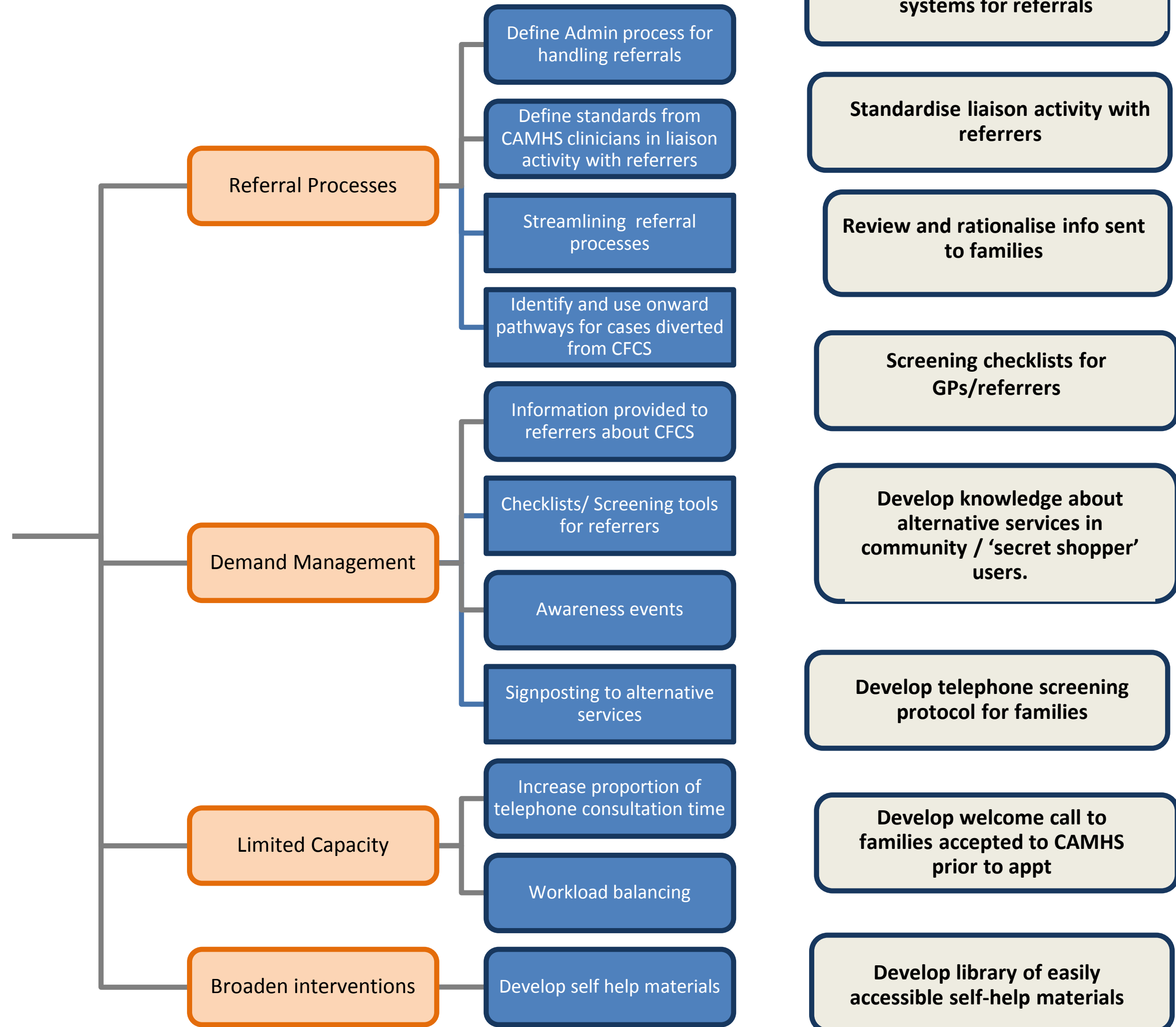

Outcomes

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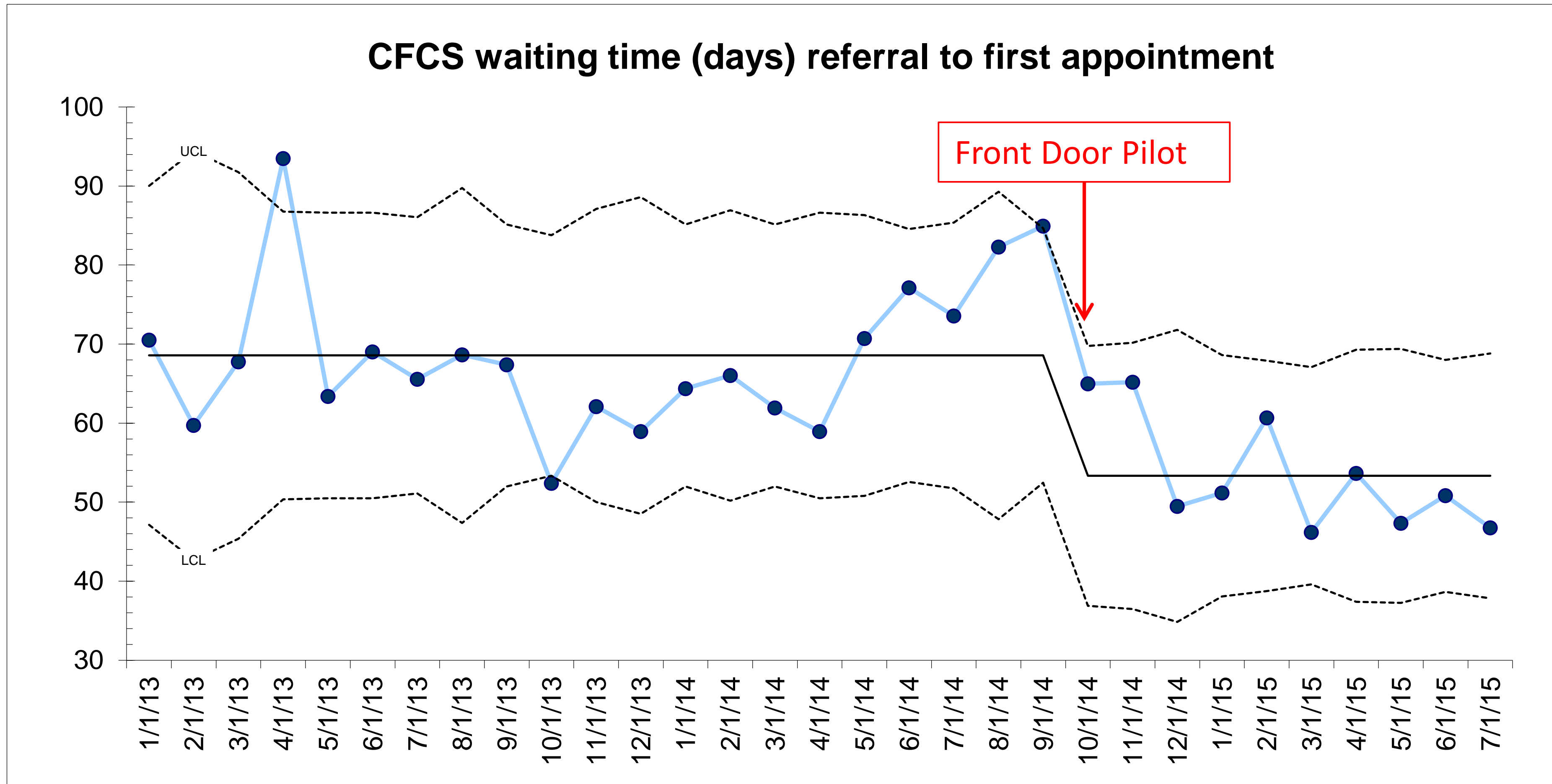
Waiting Time Data

East London NHS Foundation Trust NHS

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

Warning: Data issues



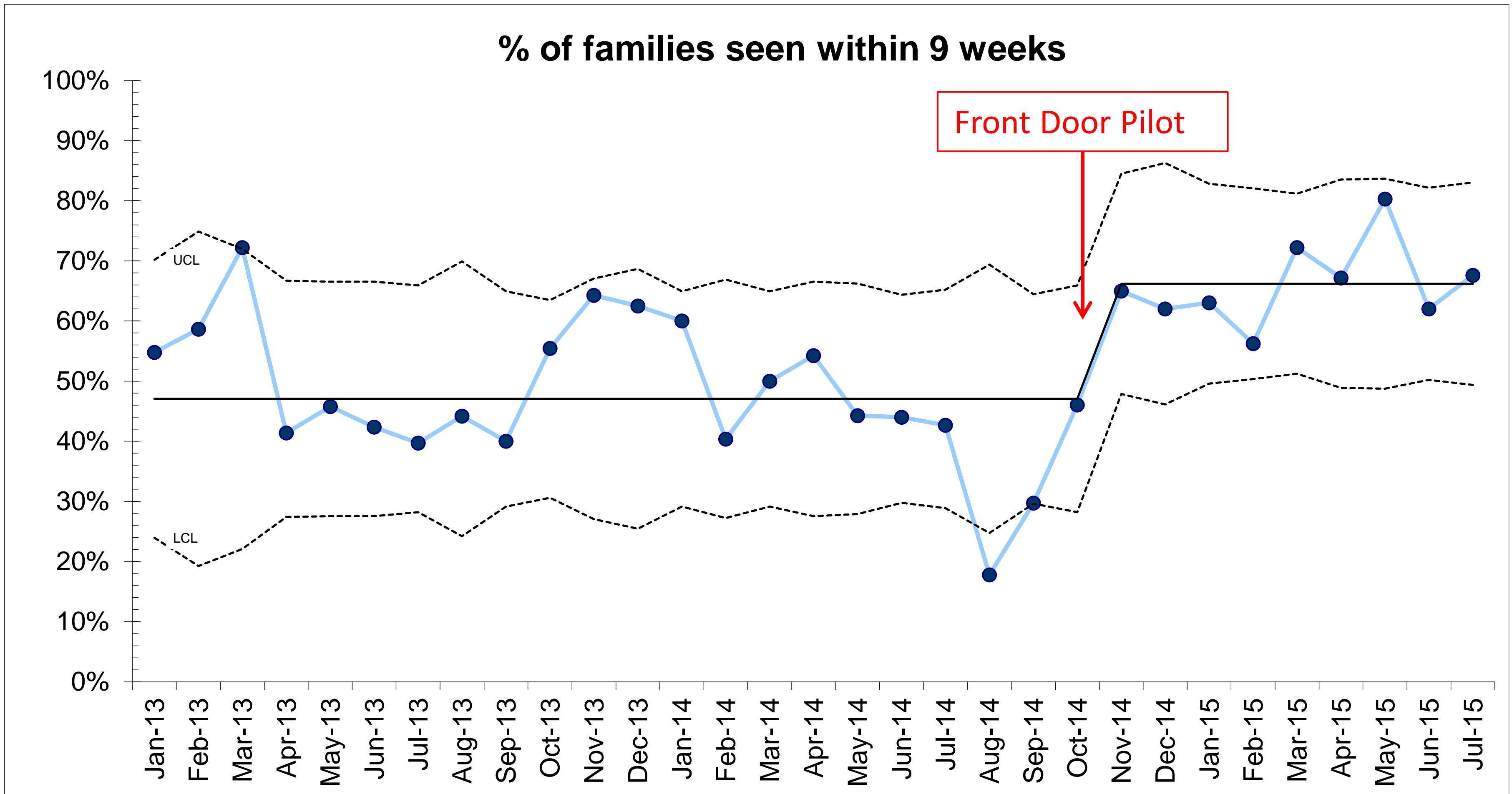
Waiting Time Data

East London NHS Foundation Trust

Quality Improvement Programme

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

Warning: Data issues



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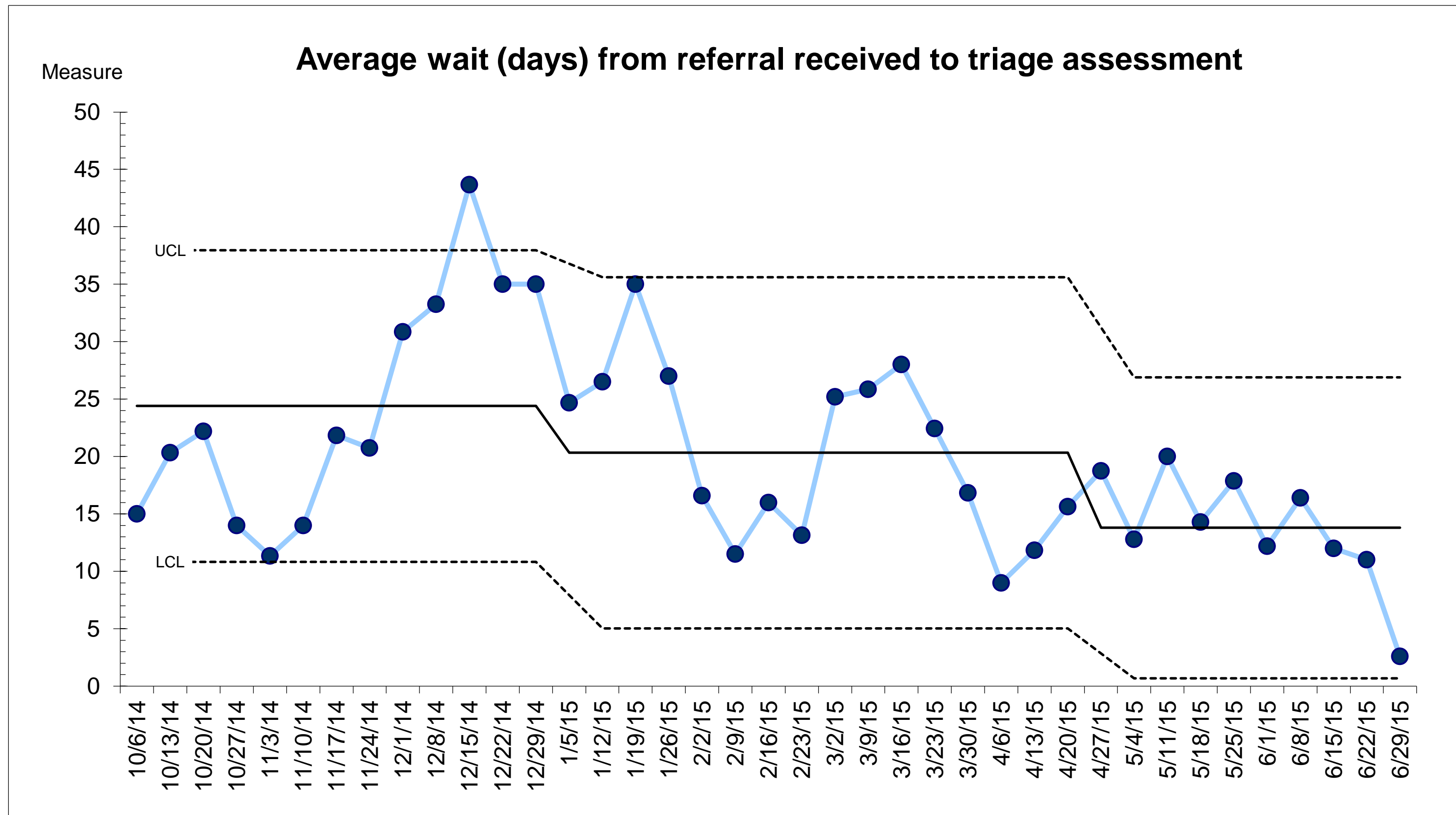
Triage Wait Times

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



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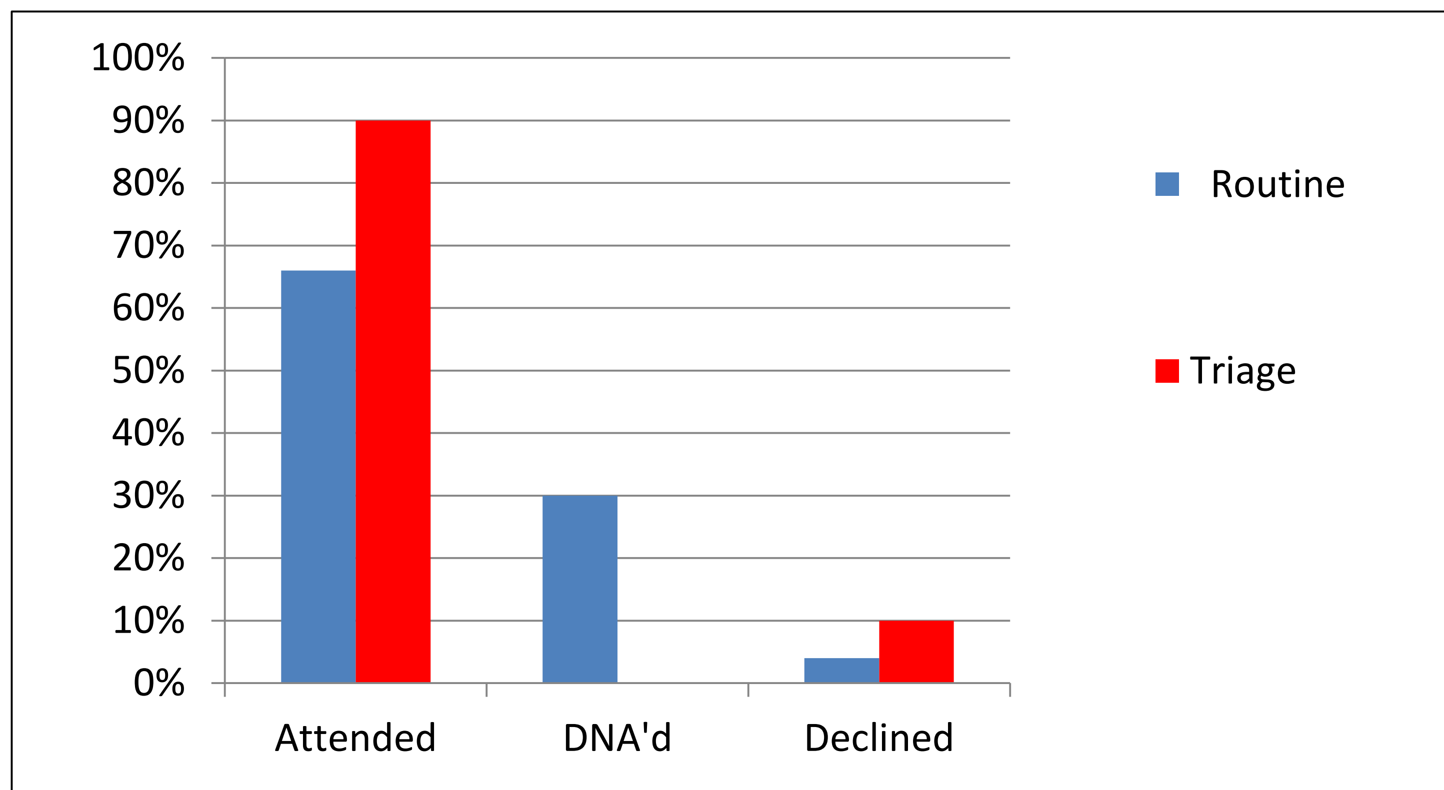
Attendance Rates of First Face-To-Face Appointment

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



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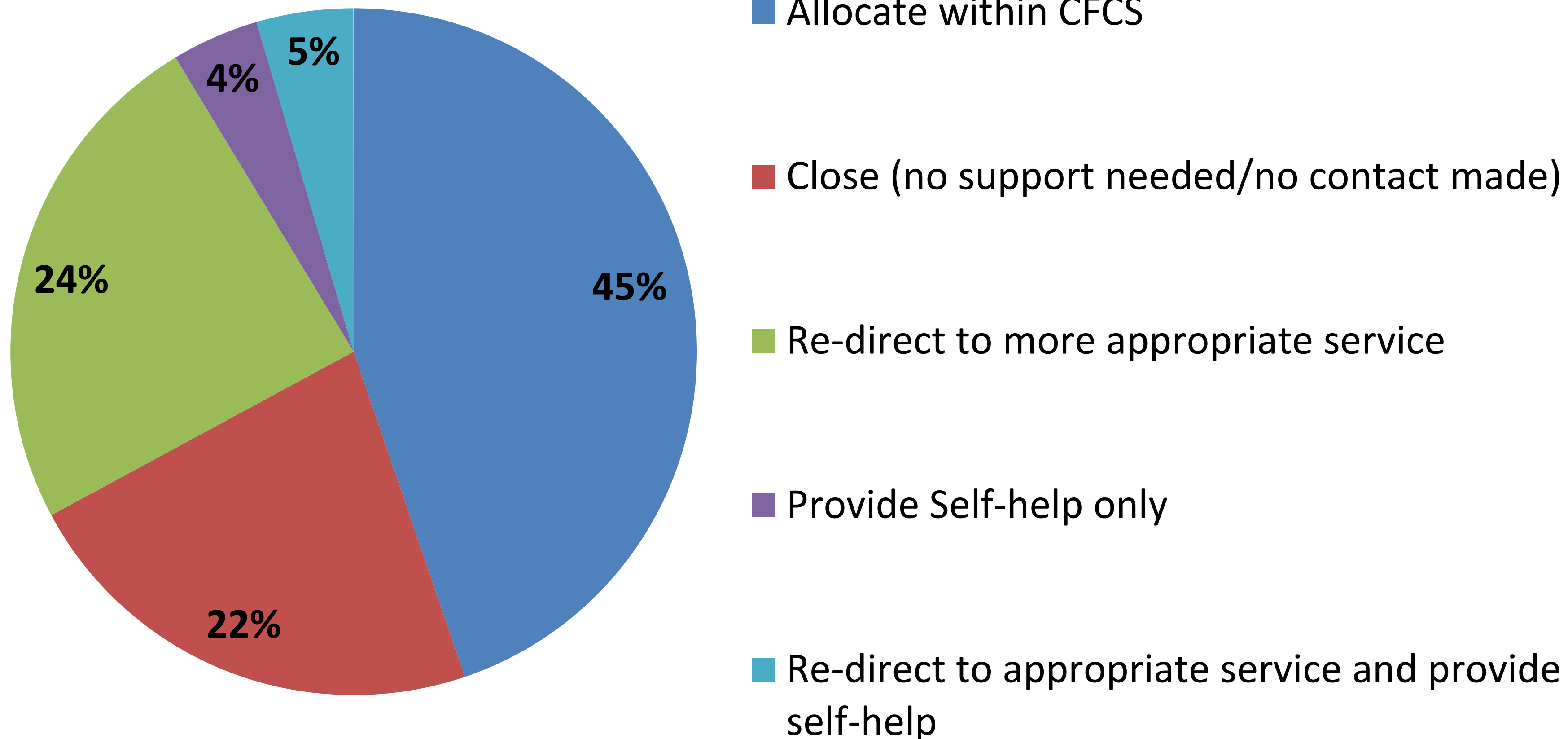
Outcome after Triage Assessment



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 surroundings helps 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

Possible Areas for Consideration

- Text notification of the call
- Clinician measures as conversational tools

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

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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