An Intensive Support Team

MasterClass

Improving Recovery for Patients: The Soul of The Goal

An Intensive Support Team MasterClass

@MH_ISTNetwork
So many targets...
So little time...
What's wrong with targets?

- Targets have been blamed for distorting clinical priorities (King’s Fund).
- Mid-Staffordshire is an example of what happens when the target is hit but the point is missed (Frances Report).
- Nationally, IAPT is an example of how setting targets has improved patients’ access to psychological therapy.

- 92,260 New Patients Referred
- 68,346 Patients Entered Treatment
- 42,282 Patients Completed a Course of Treatment

Of whom:
- 89.4% waited less than 6 weeks and
- 98.5% waited less than 18 weeks to enter treatment
- 48.5% moved to recovery

(NHS Digital: Executive Report, Dec 2016)
Where is the problem?

This MasterClass is about the soul (or the point) of the recovery target of 50% and designed to begin an iterative process where commissioners and providers work to get the best possible outcome for the patient.

Ask Yourselves…

• How many of us like targets? (the goal)

• How many of us want patients to get better? (the soul)
Methodology

• Using a Service Improvement Model the problem is conceptualised in ‘driver diagrams’, described by the King’s Fund as…

“a model that helps teams to identify an aim they want to achieve and then to align the relevant system components in order to support its achievement.”
Improving Recovery

High Level Themes with Key Lines of Enquiry (KLOEs)

1. Patient Experience
2. Engaged Staff
3. Meaningful Information

This MasterClass looks at each of these high level themes in turn. KLOEs will be briefly explored.
How we know what we know…

- IAPT Annual Report (NHS Digital 2016)
- Enhancing recovery rates: Lessons from year one of IAPT (Gyani et al 2013)
- Tacit knowledge (We know what we know…Anectdotal, 2017)
- Your story...NHS Digital Reports
Theme 1: Patient Experience
Does the Patient in my service experience a journey of care that is clear to all, without barriers, and easy to navigate?

Discuss and rate your service using the handout.
KLOEs: Patient Experience

Does the Patient experience a journey of care that is clear to all, without barriers, and easy to navigate?

- Is access easy for the patient?
- Does the Patient Receive a quality assessment?
- Can the patient access the appropriate level/modality of treatment?

Most Important to Patient

Quick Win
KLOEs: Experience of Access

Is access easy for the patient?

Can patients self refer?

Do professionals make written referrals where appropriate?

Is there a template to aid referrers making quality assessments?

Is the service well advertised and, if so, where and how?

Are referrers defaulting to guided self referral inappropriately?

Is the template used by all and is this reviewed regularly?

Most Important to Patient

Quick Win
KLOEs: Experience of Assessment

Does the Patient Receive a meaningful and safe assessment?

Is the patient/referral triaged?
- Who does the triage and how?
- What value does this add to the pathway/patient?
- How is this recorded?

How long does the patient wait for assessment?
- Who monitors this and how?
- Is there a patient tracking system in place?
- How is severity measured e.g. clustering?

Who undertakes assessment?
- Are all staff trained in IAPT assessment and delivering consistency in decision making?
- How is decision made?
- How is decision recorded?
- Is an assessment template used?
- What treatments are available?

What happens to patient following assessment?
- How is assessment recorded?

Most Important to Patient
Quick Win
KLOEs: Experience of Treatment

Can the patient access the appropriate level/modality of treatment?

- How long does the patient wait for treatment to begin?
- What treatment is available and who provides this?
- How many sessions can be offered within each treatment modality?
- Which outcomes are used for each modality?
- What happens if the patient does not recover?

- Who monitors waits and how?
- Do staff receive clinical supervision from an appropriately qualified and competent supervisor?
- Are staff appropriately trained in the modality they are providing?
- Is there a training programme in place to ensure delivery of all modalities?
- Are patients be stepped up easily where appropriate?
- Is case management in place to monitor patient progress and supervise session numbers?
- Can patients be stepped up easily where appropriate?
- Are additional outcomes being used and recorded where appropriate?
- Are outcomes being used and recorded at each session?
- Is a problem descriptor being recorded, and updated?
- Is the treatment offer based on NICE guidance?
- Is regular audit/deep dive being undertaken at service and therapist level to understand where recovery is not being achieved?
- Can additional sessions be offered where required?
- Is regular case management provided, with each clinical case tracked and discussed?

Most Important to Patient

Quick Win
Your Story – Mean Sessions (Dose)
Your Story – Paired Scores

Paired Score Completeness

- England
- Greater
- North
- York
- North
- East
- Rotherham
- Barnsley
- Leeds
- Vale
- Sheffield
- Wakefield
- Hull
- Bradford
- Leeds
- South
- Harrogate
- North
- East
- Calderdale
- Hambledon
- Airedale
- Basford
Your Story – Problem Descriptors

Problem Descriptor Completeness

- England
- Vale of Glamorgan
- Barnsley
- North
- Sheffield
- Bradford
- Bradford
- Airedale
- Wakefield
- Hull
- Scarborough
- Leeds
- Leeds
- Leeds
- Humber
- East
- Harrogate
- Bassetlaw
- North
- Calderdale
- Greater
- Doncaster
- Rotherham
- North...
High-Impact Actions

These three actions are the focus of the final part of session 1

1. Is regular case management being provided with each clinical case tracked and discussed?
2. How is decision to treat made?
3. What happens if the patient does not recover?
1. **Case Management**

Is regular case management being provided with each clinical case tracked and discussed?

If not: Potential ‘first aid’ actions for teams to consider

1. Prepare an information communication to all staff informing them of the intention to focus on improving recovery.
2. Request all staff complete a template with a list of patients not yet in recovery or at risk of not recovering by the end of treatment.
3. Set up supervision sessions to focus on these patients with action plans to improve recovery outcome.

1. Undertake an audit to identify therapists with low recovery rates.
2. Provide additional supervision and support focused on improving recovery.
2. How is decision to treat made?

Potential ‘first aid’ actions for teams to consider

Ensure all therapists who assess are using the appropriate problem descriptor and that this informs treatment choice

Introduce an assessment template with training (example in packs)

Free resources:
https://www.getselfhelp.co.uk//freedownload2.htm#Generic
3. What happens if the patient does not recover?

Potential ‘first aid’ actions for team to consider

1. Select a sample of cases who have been discharged without recovering.
2. Undertake an audit/deep dive
3. Contact patients to ask them their views

Questions to consider

- Can therapists offer additional sessions?
- Are therapists keeping patients on caseloads too long?
- Are outcome measures undertaken collaboratively with the patient?
- Can the patient be stepped up?
Call to Action!
Theme 2: Staff Engagement
What is it like to work in my service and how is leadership experienced?

Discuss and rate your service using the handout
KLOEs: Staff Experience

Do staff feel well supported and have an awareness of IAPT deliverables including national and local recovery data?

Is the service represented at board level*?

Is there dedicated leadership in place throughout the service?

Is there a clear and detailed service specification?

* Or at the most senior level in your organisation
KLOEs: Representation at Board

Is the service represented \emph{and understood} at board level?

- Who is the identified representative for the service at board?
- What formal reports go to board and how frequent are they?
- How are board reports/decisions devolved to staff?
Is dedicated leadership in place throughout the service?

Is there clear investment in high level leadership?

Where does the Clinical / Operational lead sit within the organizational hierarchical structure and does this give them appropriate positional power?

What processes are in place (formal and informal) for leadership to monitor and improve recovery rates?

Who does the Clinical / Operational lead report to and how is their performance monitored?

What structure is in place to represent modalities and report to clinical lead?

Does the service have 'senior PWP' roles within it?

Are there processes in place to foster innovation and test new ideas?

Which meetings do senior PWP's attend and how are they able to influence strategy?

Who is responsible for supervising/managing each of the modalities in regard to clinical outcomes including recovery rates?

How influential are patients in decision making?

How would a member of staff share an idea for improving outcomes?

How are clinical modality groups and individuals monitored and performance managed?

www.england.nhs.uk 27

Most Important to Patient

Quick Win
KLOEs: Service Specification

- Is there a clear service specification/contract?
  - Do both commissioner and provider have a shared understanding of the service specification?
  - How does the commissioner hold the provider to account?
  - How does the provider hold the service to account against the specification?
  - Does the Service specification include agreed recovery and significant improvement rates?
  - What preparations are in place for National Tariff (formerly Payment by Results)?

Most Important to Patient
Quick Win
High Impact Actions

1. Is the Service Board aware of the importance of reaching the 50% recovery target and what the service is doing about this?
2. Are there processes in place to monitor recovery at service and therapist level?
1. Board Awareness of Recovery

Potential ‘first aid’ actions for teams to consider

1. IAPT Leaders to approach appropriate director to suggest a presentation/paper for Board or organisational Senior Management Team on IAPT successes and challenges including recovery action plan.

2. Invite a member of the Board or service management team (maybe a non-executive director) to visit the service to meet staff.
2. Processes to Monitor Recovery

Potential ‘first aid’ actions for teams to consider

1. IAPT Leaders to request weekly reports on recovery monitored against agreed improvement trajectory and supported by monthly recovery meetings with representation from each modality.

2. E-mail weekly reports to teams and separate reports to therapists on recovery scores to be discussed in team meetings and supervision.
Call to Action!
Theme 3: Meaningful Information
How is relevant information shared in the service internally and externally?

Discuss and rate your service using the handout
KLOEs: Information Sharing

Is information/data sharing an integral part of service operations?

Are there processes in place to share service data/information internally?

Are there processes in place to share data/information externally?
KLOEs: Information Sharing (2)

Are there processes in place to share service data/information internally?

Are weekly reports made on all outcomes including recovery?

Are therapists monitored and performance managed?

Is the recovery rate monitored by team, modality and diagnostic group?

Are individual therapists aware of the service performance against national targets?

Are all therapists aware of the definition of recovery for IAPT?

Do therapists understand and record problem descriptor for all patients?

Do therapists collaborate with patients in the use of outcome measures and discuss these?

Most Important to Patient

Quick Win
KLOEs: Information Sharing (3)

- Are there processes in place to share data/information externally?
- Is there adequate investment in data managers/analysts and regular communication with the service?
- What validation processes are in place to assure that data is timely, accurate and matches NHS Digital?
- Are formal reports provided to commissioners and senior leadership in the service?
- Do all staff have an awareness of NHS digital and the local data published in IAPT reports?
- Do all staff have access to these and understand their relevance to patient care?
High Impact Questions

• Do therapists collaborate with patients in the use of outcome measures and discuss these?
• Do all therapists have access to published data and understand their relevance to patient care?
• Is the recovery rate monitored by team, modality and diagnostic group?
• Are all therapists aware of the definition of recovery for IAPT?
First Aid Actions

Do staff collaborate with patients in the use of outcome measures and discuss these?

1. Deliver a training session on how to collaborate with patients on the use of outcome measures and when it may be appropriate to offer additional sessions.

Do all staff have access to published data and understand their relevance to patient care?

2. Deliver a training session for all staff on how recovery data is recorded, where it is reported and how it can be accessed.

3. Prepare weekly updates for staff
First Aid Actions

Is the recovery rate monitored by team, modality and diagnostic group?

Are all therapists aware of the definition of recovery for IAPT?

1. Example of dashboard?

1. Circulate Executive Summary snapshot from NHS Digital
Ask Therapists not to discharge Patients who have not recovered before considering…

• If the patient has not reached recovery at the end of treatment – before discharging - ask these three questions…

✓ Would the patient be likely to recover with additional sessions?
✓ Has the patient reached their potential in terms of recovery (usually where the problem/condition is chronic)
✓ Does the patient need to be ‘stepped up’ or a different treatment tried?
Call to Action!
Contact Details

Caroline Coxon
Intensive Support Manager
Tele: 07917 597 153
Email: carolinecoxon@nhs.net

Carole Hirst
Intensive Support Manager
Tele: 07960 444 772
Email: carole.hirst1@nhs.net