Care Services Improvement Partnership CSIP

National Institute for
Mental Health in England

10 High Impact Changes

for Mental Health Services

Executive Summary June 2006

Forewords

The 10 High Impact Changes were first launched in 2004. The changes aimed to make sure that every single service user received the best possible care, every single time. The original High Impact Changes demonstrated how staff and organisations improve the quality of care service users received.

Now, building on the success of the original work, this guide sets 10 High Impact Changes for use across mental health services. The scope is wider but our aim of improving quality and efficiency of care for each and every service user remains the same and will continue to guide our service improvement activity through 2006 and beyond.

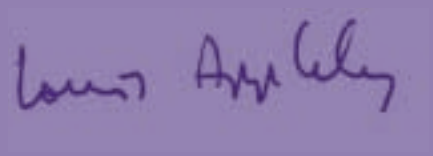
The 10 High Impact Changes aim to improve quality of care but they are also about improving the efficiency of services – making the best use of resources to benefit service users. In this sense the drive to increase efficiency provides a more streamlined and effective service tailored to individual service user needs.

I am grateful to all of those organisations who have worked to identify what the 10 High Impact Changes can mean to mental health services and to capture their invaluable learning and experience.

Building on the success of the original 10 High Impact Changes and the early work undertaken by pioneering organisations, this resource is based on experience in the mental health field. But we also recognise that this is only the start of knowing more about what works and what has the greatest impact. We will continue to increase that evidence base and improve our working knowledge.

The 10 High Impact Changes for mental health services reflect the journeys that service users and carers make through services and ways in which we can improve their experience. This way of working will help us all deliver and demonstrate the system reforms outlined in the White Paper 'Our Health, Our Care, Our Say'.

Offering real choice and improving access require us to look at the whole picture and how each component of the system impacts on others. Our challenge is to continue building on the successes already achieved, sharing learning and securing benefits. The High Impact Changes for mental health services confirm that making a real difference is possible.



Louis Appleby
National director for mental health
Department of Health

It is a particular pleasure to introduce the Care Services Improvement Partnership's guide to the 10 high impact changes for mental health services. The guide extends the scope of the original work to include a 'whole systems' approach to incorporate all types of services that support people with mental health problems whatever level of support and care is required.

The 10 high impact change evidence included in this guide has been gathered from regional and local initiatives, giving details of changes made to services, the results achieved, and the role of the staff and service users in improving services.

The 'impact measures' demonstrate in real terms the improvement in service provision through implementation of the 10 high impact changes, particularly in terms of service user and carer experience and the efficiency of care they receive.

This evidence is presented as case studies which set out in detail the changes made, who was involved in those changes and – most importantly – how the benefits realised have been measured.

This guide includes examples of effective partnerships between staff, service users and carers and how we can change practice in ways that will make a genuine difference to the lives and experience of people with mental health problems, and to the working lives of staff. For example, implementation of the high impact changes has resulted in service users spending shorter times in hospital, being discharged more efficiently, receiving more appropriate or less contact with services and increased employment opportunities.

In conclusion, the 10 high impact changes have made a real difference to service users' experience of mental health services. I hope that within CSIP we can build on the already substantial achievements of staff and service users to extend this work more widely and look to enhance the growing evidence base across the range of care groups within mental health care services.

Peter Horn
National mental health lead
Care Services Improvement Partnership

10 High Impact Changes for Mental Health Services

1. Treat home based care and support as the norm for delivery of mental health services.
2. Improve flow of service users and carers across health and social care by improving access to screening and assessment.
3. Manage variation in service user discharge processes.
4. Manage variation in access to all mental health services.
5. Avoid unnecessary contact for service users and provide necessary contact in the right care setting.
6. Increase the reliability of interventions by designing care based on what is known to work and that service users and carers inform and influence.
7. Apply a systematic approach to enable the recovery of people with long-term conditions.
8. Improve service user flow by removing queues.
9. Optimise service user and carer flow through an integrated care pathway approach.
10. Redesign and extend roles in line with efficient service user and carer pathways to attract and retain an effective workforce.

This document refers to people that use services as 'service users' and the people that support them as 'carers'. We have used this wording throughout for consistency and continuity. We understand that our choice of words may not be everyone's preferred phraseology.

A full version of this document is available on *www.nimhe.csip.org.uk/10highimpactchanges*

Introduction

The Care Services Improvement Partnership

The main goal of the Care Services Improvement Partnership (CSIP) is to support positive changes in services and in the wellbeing of:

- people with mental health problems
- people with learning disabilities
- people with physical disabilities
- older people with health and social care needs
- children and families with health and social care needs; and
- people with health and social care needs in the criminal justice system.

We aim to:

- provide high-quality support to help services improve
- help services to put national policies into practice and provide them with a link to government
- involve people who use services and their carers in all improvement work
- share positive practice and learning about what works and what doesn't
- pass on research findings to organisations to help them improve services; and
- encourage organisations to work in partnership across all sectors.

The 10 High Impact Changes underpins the majority of the work of the Care Services Improvement Partnership and reflects the principles adopted in its service improvement activity.

How CSIP will support implementation of High Impact Changes in mental health services

CSIP is committed to supporting service improvement in health and social care. The ways of doing this are negotiated locally and in response to local need and existing resources.

We have eight regional development centres (RDCs) spread across the country. All RDCs employ staff with service improvement expertise to advise and support local implementation of new ways of working, including the 10 High Impact Changes for mental health.

Contact details for all RDCs are at the end of this document.

Background to the 10 High Impact Changes

The NHS Modernisation Agency published the 10 High Impact Changes for Service Improvement and Delivery: A Guide for NHS Leaders in 2004.

Based on evidence gained from practice, the document focused on areas of service improvement that have the biggest impact and can achieve maximum benefit for service users and carers and on clinical outcomes, service delivery and staff and their organisations.

While some of the Modernisation Agency work included examples from mental health settings, it was uncertain whether the 10 High Impact Changes (2004) could be applied across the full range of mental health services.

In summer 2005 NIMHE released a discussion paper, The 10 High Impact Changes: making them relevant for mental health. The paper was designed to support evidence collection and to find out how the 10 High Impact Changes are relevant to service improvement throughout mental health services.

During 2005 and early 2006, CSIP regional development centres began to identify examples of service and process redesign within local health and social care communities where results were clear and which supported one or more of the High Impact Change areas.

How has the evidence been collated?

Case studies and data from the field has been peer reviewed. Further details of case studies can be accessed on *www.nimhe.csip.org.uk/10highimpactchanges*

An independent literature review has been mapped against each of the High Impact Change areas to further validate experience from the field.

We know there are gaps in this collective evidence base, not least in relation to individual High Impact Changes. There are a variety of possible reasons for this:

- we have not captured much of the good practice and experience in the field yet
- the data collection exercise identified 'work in progress' that was not yet ready to demonstrate impact and realisation of benefits'; and
- there has been some service improvement work which while representative of good practice has not included a measurement system to demonstrate the level of impact.

The term evidence refers to material collated from the field based on experience of service improvement in services and organisations who can also demonstrate impact in relation to one or more of the 10 High Impact Changes'

How will we build on this evidence base?

In the longer term, and in response to feedback from local health and social care statutory and non-statutory mental health organistations, the High Impact Change programme will target areas where the evidence base needs strengthening.

Practice based evidence will continue to be identified and supported through the RDCs and from localities who wish to highlight and share service improvements.

If you would like to contribute to this evidence base please go to *www.nimhe.csip.org.uk/10highimpactchanges* to download the case study template.

Future focus areas

In the context of the White Paper 'Our Health, Our Care, Our Say' implementation, both the literature review and the evidence collection suggest we need to pay particular attention to:

- service user and carer involvement
- integrated health and social care settings
- progress of service improvement initiatives to improve the experiences of people with dual diagnosis
- children and adolescent mental health services (CAMHS)
- older people services
- specialist mental health services undergoing redesign and at early stage of development such as early intervention psychosis
- health and social care criminal justice
- complementing the National Framework to Support Local Workforce Strategy Development (2005). Subject to ROCR approval collate evidence of the impact of new roles like the support time and recovery workers, graduate workers and in relation to the other High Impact Changes
- supporting the continued work of the BME focused implementation sites that will in time provide more material about their impact
- the impact of work to improve the physical health of people with mental health problems; and
- increasing knowledge on the High Impact Changes that lead to greater efficiency and resource savings.

How can the High Impact Changes programme support local health and social care communities?

The 10 High Impact Changes are relevant across the full range of health and social care statutory and non-statutory mental health organisations.

The RDCs service improvement role and work programmes will support local health communities to implement the White Paper 'Our Health, Our Care, Our Say' (2006).

They will do this in the context of 'Delivering quality and value: the integrated service improvement programme (ISIP) guide to strategy and benefits' (2005) and provide a framework for service improvement activity to enable modernisation alongside technology and workforce reform.

The RDCs will also support system transformation and process redesign including the shift to providing treatment in the community, integration of health and social care services, choice, support for service user focused services, service user and carer involvement and support for self-care.

Other CSIP resources may support local health and social care communities to use the 10 High Impact Changes for mental health services:

What works?

The 10 High Impact Changes for mental health services can inform what service improvements work based on practical experience from the field. A baseline assessment tool can be downloaded on *www.nimhe.csip.org.uk/10highimpactchanges* to help in initial mapping against the 10 High Impact Change areas.

What skills are required?

The competencies required to undertake service improvement activity are included on the Skills for Health and NIMHE websites. (*www.skillsforhealth.org.uk and www.nimhe.csip.org.uk/serviceimprovement*)

What are the tools and techniques?

Building on the NHS Modernisation Agency Improvement Leaders Guides (2005), the CSIP Directory of Service Improvement includes practical methods that will support implementation of the 10 High Impact Changes (*www.csip.org.uk/serviceimprovementdirectory*). The directory is further supported by the ISIP web site (*www.isip.nhs.uk*) which provides a resource linked to tools and techniques that aid the delivery of effective change.

The High Impact Change service improvement award

NIMHE Positive Practice Awards scheme will include an award to be made to an outstanding example of a High Impact Changes service improvement initiative where compelling and robust impact has been evidentially demonstrated using the 'balanced scorecard' approach. Further details will be made available on the website *www.nimhe.csip.org.uk/10highimpactchanges*

Achieving a balance of benefits through a variety of measures

The improvement dividend framework or 'balanced scorecard' approach (see box opposite) outlines some examples of potential benefits from process or service redesign in mental health services. From every benefit identified in any service improvement or change process the questions to ask are:

- **How will we know that we have achieved the benefit we identified?**
- **How can the benefit be measured and demonstrated?**

Achieving benefits and demonstrating High Impact Change requires robust baseline assessment and ongoing measurement of the service improvement.

A 'balanced scorecard' of benefits

IMPACT ON SERVICE DELIVERY

- improved process flow across service boundaries
- Integrated care packages e.g. single assessment process (SAP) or care programme approach (CPA)
- unnecessary admissions avoided
- re-admissions reduced
- shorter length of stay
- early and co-ordinated discharge planning
- fewer cancellations and Did Not Attend (DNA) appointments
- more effective use of existing resources: cost savings and redistribution
- reduction of out of area treatments.

IMPACT ON SERVICE USERS & CARERS

- less duplication
- absence of 'ping-pong' effect
- access to services closer to home
- improved choice
- better co-ordination of care
- carer recognition
- reduced delay in discharge
- fewer delays shorter waiting times
- less anxiety and greater satisfaction
- clearer decision-making
- greater control of self-care
- information on where to get help
- better quality of life.

IMPACT ON OUTCOMES

- speedier access to effective treatment
- implementation of National Institute for Clinical Excellence (NICE) guidelines
- DUP (duration of untreated psychosis) reduced
- better crisis management and relapse prevention
- improved recovery rates
- improved clinical care for people with long term conditions
- improved physical health
- increase in up-take of Direct Payments
- increase in service users accessing employment
- effective utilisation of advanced directives.

IMPACT ON STAFF

- less turnover
- improved sickness and absence rates
- improved recruitment
- complimentary skill mix
- better demand management
- improve staff satisfaction and morale
- reduce 'firefighting'
- professional and career development
- role development e.g. supplementary prescribing
- gaining dual qualifications
- opportunities to work across professional boundaries.

High Impact Change 1:
Treat home based care and support as the norm for the delivery of mental health services

Hospital admission can be avoided when alternatives are in place as well as more efficient and effective use of the whole service. This means that inpatient services should be seen as a specialist and intensive intervention; and that there should be provision of a range of self-help and home treatment and care options, including appropriate community based support and alternatives to hospital.

Case study 1: Demonstrating the impact of a crisis resolution and home treatment team (CRHT).

Easington CRHT, Tees, Esk and Wear Valleys NHS Trust

Impact measures:

- referrals increased from 210 in 2003 to 412 in 2004
- admissions reduced significantly from 175 in 2002, to128 in 2003 and to 92 in 2004
- 97% of service users found CRHT easy or very easy to access or contact
- 100% found the appointment/response system good or very good
- 92% were aware of the out of hour's procedure
- 95% were informed of the care co-ordination procedure
- 97% were involved in the planning and evaluation of care
- 100% were satisfied or very satisfied with the care they received; and
- contributed to the delivery of the trust's capital programme by enabling a reduction in the use of inpatient beds from 40 inpatient beds to 28.

Between June 2003 and May 2004 Easington PCT purchased 2,234 inpatient bed days. Between June 2004 and May 2005, Easington PCT purchased 1,585 bed days. The reduction in bed days achieved was 649 and at a cost of £220 per bed day, the total saving was £142,780.

Over the same period of time staff sickness rates were 2.86% compared with the trust average of 3.97%; and worker testimony indicates increased confidence and reduction in stress as a result of shared decision making.

Easington Crisis Resolution Team Meeting

High Impact Change 2:
Improve flow of service users and carers across health and social care by improving access to screening and assessment

This change aims to improve access to expert screening and assessment in primary care e.g. talking therapies, improve access within and to secondary services, implement referral guidelines and protocols, improve efficiency of referral process by reducing inappropriate referrals, provision of pre-referral consultation for primary care teams; and demonstrate the impact of integrated mental health services.

Case study 2: Demonstrating the impact of improving access and response times.

Newcastle and North Tyneside Perinatal Service, Northumberland, Tyne and Wear NHS Trust

Impact measures:

From February 2003 to February 2004 36% (138) of the 381 referrals received were for women who required no further involvement. The waiting time for a psychiatric assessment ranged from 1 day to 49 days (average 21 days).

- the average response time was almost halved from 21 days to 11 days
- the referrers report more confidence in the postnatal depression protocol illustrated by a 50% reduction in unnecessary referrals for assessment
- service users indicate they are very satisfied with the response times
- introduction of a three day response time for urgent assessments
- an audit of the referral data demonstrates that the response time improvements have been sustained over a 12-month period; and
- increased capacity for clinical interventions.

The Newcastle and North Tyneside Perinatal team and the Clinical Governance Facilitator who worked together to improve the service's access and response times

High Impact Change 3:
Manage variation in service user discharge processes

This looks for a timely and consistent discharge regardless of the day of week or clinician availability. Discharge from all services should be integral to care planning and in collaboration with service users and carers.

Case study 3a: Demonstrating the impact of a discharge facilitator

Adult Mental Health Care Group, Sheffield Care Trust

Impact measures:

- bed occupancy is down from 119% (2003/04) to 108% (Apr-Sept 2005/06)
- out of town referrals have reduced from 52 (2003/04) to 13 (Apr-Sept 2005/06) (26 pro rata)
- of 182 service users at risk of losing their home or needing a change in accommodation, during 2004/05, 67% did not experience any delays in being discharged
- periods of delay have reduced by 50%, from on average 11 weeks to 5 weeks
- positive service user feedback: focus on service user choice and practical support provided; and
- closer links and networks with the voluntary sector, housing providers and organisations for homeless people.

Case study 3b: Demonstrating the impact of service redesign on variation in discharge

Southwark Adult Mental Health Services, South London and Maudsley NHS Trust

Impact measures

Reduction of variation in discharges achieved by the introduction of specifically targeted interventions and an agreed approach to bed management. These interventions have led to:

- reduction in length of stay
- fewer delayed discharges
- easier access to beds
- less unnecessary admissions: The admission rate is below that predicted for population and morbidity
- reduction in bed numbers by 15 to ensure that no ward has more than 18 beds
- greater service user satisfaction
- fewer re-admissions leading to improved mental health stability and social inclusion: 4% compared to the national rate of 10.7%
- HoNoS (Health of the Nation Outcome Scales) are now routinely used by staff to evidence the improvements in health outcomes: indicate a high level of acuity is being managed at home
- reduced pressure on bed managers
- no private sector acute bed placements; and
- financial savings: reduction in bed numbers enabled provision of single sex wards, better staffing levels and more space to manage higher levels of activity and over 60% of service users who are detained.

Southwark Adult Mental Health Services' Clinical Director and Information Analysts

High Impact Change 4:
Manage variation in access to all mental health services

This change is about providing responsive access to services regardless of day of week or clinician availability through a co-ordinated approach: service user choice, single point of access where appropriate, consistent booking systems; and pro-actively managing the interface between all mental health services.

Case study 4: Demonstrating the impact of a choose and book system

East Cambs and Fenland, Cambridgeshire and Peterborough Mental Health Trust.

Impact measures

Following a choose and book launch event, a clinician and an administration worker from each team formed a locality steering group to take implementation forward. As a result:

- adult services chose to set up weekly assessment clinics
- CAMH and older people's teams opted to identify regular assessment slots spread over the course of the working week
- four of the six teams have developed the use of Outlook calendars and transferred assessment slots onto the calendars to make appointment booking easier
- adult and CAMH make the initial contact with service users by letter, giving them a reference number to quote to confirm identity when they telephone in
- in older peoples services, clinicians now make the initial contact by telephone to arrange assessment
- CAMHs rolled out the new system in September 2005 and have since reported a steady decline in DNAs; and
- older people's services have a zero DNA rate for 96 referrals received over the same period of time.

Feedback from service users has been positive:

"blimey, that was quick"
one of the comments from an adult service user.

CAMHs service users said:

"Really good, felt in control of booking appointment and not just told when to come. I felt more inclined to attend this appointment because it was convenient for us."
Mother

"Good idea, my calendar was checked at the same time as the phone call. I could then feel confident in confirming our attendance."
Mother

"No problems – works fine every time I've needed an appointment"
Father

Some of the choose and book project

High Impact Change 5:
Avoid unnecessary contact for service users and provide necessary contact in the right setting

This change requires planned and negotiated care. Follow up contact is determined by clinical need or service user led request. Unnecessary contact is avoided through effective caseload management and resources used more efficiently.

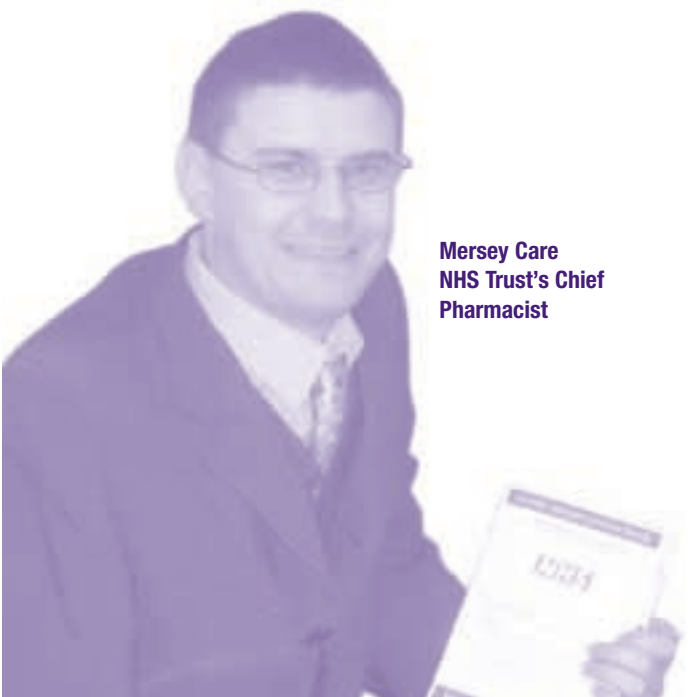
Case study 5a: Demonstrating the impact of effective caseload management

Tooting and Furzedown Community Mental Health Team, South West London and St Georges Mental Health NHS Trust.

Team caseload management was reviewed to identify people without an allocated care coordinator; to review the out-patient clinic population and the rationale for follow up, and to analyse and review the need for continuing care.

Impact measures:

- from a baseline caseload of 420 with 100 unallocated cases. Within a year this was reduced to 294
- there are now no unallocated cases with exception of new referrals awaiting allocation
- 10-15 service users were identified living out of area and transferred



Mersey Care NHS Trust's Chief Pharmacist

- no unnecessary out patient follow up by junior doctor on rotation; and
- culture and practice change within team regarding caseload management.

Case study 5b: Demonstrating the impact of providing necessary contact with Pharmacy Services

Mersey Care NHS Trust.

Service users had been accessing medication from the Trust Pharmacy on a repeat basis due to problems in accessing supplies from GPs or community pharmacies. Many service users had been receiving medication in this way for several years. Some service users may also have been receiving medication from a GP. This meant that the same or similar medication could be supplied from two different sources.

A 'seamless care' model involving a pharmacy technician role was developed and costs cut as a result. As part of the process service users are able to choose where they want to pick up their medication.

Impact measures:

- reduction in monthly expenditure for the locality community prescription. Prior to the interventions this was £7 116.33 now reduced to £6 136.34 making an average saving of £979.99 per month
- reduced risk: There were cases where co-prescribing was taking place e.g. service users receiving one type of antidepressant via the Trust and another via their GP
- service users can access all of their medications via their GP/community pharmacy services
- eight service users receive their medication on a repeat basis from community pharmacies, Eight receive their medication via a trust depot clinic, five had their medication reviewed and stopped. Four service users preferred to receive medication via the trust pharmacy service.
- in four cases appropriate access is still being sought and two service users have since been re-admitted to inpatient wards
- each case is reviewed
- freeing up of time for community psychiatric nurses and day hospitals
- improved dialogue between the Trust, community pharmacies and general practitioners; and
- pharmacy technician leads a seamless medicines management approach to the supply of medications following discharge.

High Impact Change 6:

Increase the reliability of interventions by designing care based on what is known to work and that service users and carers inform and influence

The aims are to increase the reliability of therapeutic interventions based on good practice and evidence by enabling service users and carers to be at the centre of decision-making and establish systems that support meaningful service user and carer involvement and participation.

Case study 6: Demonstrating the impact of service user involvement in service delivery.

The Haven Project, Core partnerships: North Essex Mental Health Partnership NHS Trust with involvement of local service user groups, local and commissioning PCTs, local voluntary agencies, A&E Dept, Essex Police, Colchester Borough Council. Extended Partnerships: Psychology Dept, North Essex Mental Health Partnership NHS Trust.

Service users play a central role in the shaping and running of this service for people with a personality disorder.

The Haven Community Advisory Group consists of members drawn from registered Haven service users and its function is to advise staff, management, The Haven partnership steering group, and board of directors. There are two members of staff and one volunteer that have used mental health services and five members (50%) of board of directors have used mental health services.

Impact measures:

- reduction in use of Mental Health Act Section 136's by 87% per annum
- acute inpatient admissions down by 85% per annum; and
- reduction in use of A&E services by 60% per annum.

'Since I've been using The Haven, I haven't been admitted once to the acute hospital and that to me is a big break through and I'm sure they're relieved too!'

service user

'I like the open notes policy. That helps me, that's about trust, knowing what's written about you. I also really like the fact that it's client-led, service-user led. I mean it's one of its kind and I think it's setting a lead I think mental health services are going to be following because I think, no I seriously do, I think this is the way forward.'

service user

The Haven Project's art group in action!

High Impact Change 7:
Apply a systematic approach to enable the recovery of people with long term conditions

This change aims to provide an approach that supports and empowers people with long term conditions to better manage their mental health and demonstrates the benefits of mental health interventions for people with long-term conditions.

Case study 7a: Demonstrating the impact of supported employment

Work rehabilitation Café On the Hill, West London Mental Health NHS Trust.

The Café is a work unit where service users gain work experience and qualifications that can provide a pathway to education, employment and meaningful activity. The Café operates as a small business with a requirement that it covers all costs including development but excluding current staffing.

Impact measures:

- 13 team workers (service users) eight of whom have completed the NVQ in food preparation, three have progressed to the next level of catering training and one to a health and social care access course
- from the opening in January to May the number of customers using the Café has risen from 200 to 600 per week
- increased social contact with a mixed group and the opportunity for mutual peer support and team work: development of social and work skills
- culture and attitude shift from service users providing a service for staff (as well as others): essential participants rather than recipients; and
- café won a Quality Award for Improving Working Lives and has inspired other services to develop new partnerships i.e. with the local college.

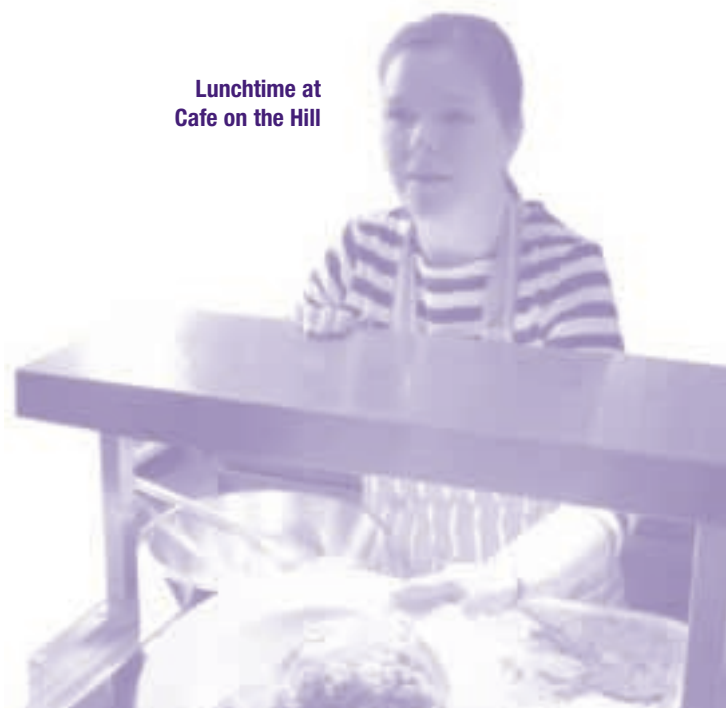
Case study 7b: Demonstrating the impact of employment and education opportunities

Employment and Education Service, North Yorkshire Social Services.

The main ethos of the service is to enable service users to return to or obtain full-time work and/or access appropriate educational or training courses. Individual programmes are service user led. Service users are encouraged to access meaningful occupation by doing voluntary, paid or unpaid work, training or education with a long term aim for them to obtain full time employment appropriate to their abilities and needs.

Impact measures:

- From 55 referrals, over 500 hours per week of paid work is being done and several service users have returned to full- time (30+ hours) work
- 20 service users are involved in voluntary work
- 21 service users are involved in education or training to progress to full-time work
- 9 service users are involved in open employment
- 10 service users have been helped to retain their existing work
- 87% of service users feel they have increased their independence and have accessed other community services e.g. Learn Direct, Disability Employment Advisor, Outreach Services, Advice and Guidance
- 100% of service users feel that their confidence and self esteem have increased
- 100% agreed that they had been enabled to work at their own pace and without pressure and they had been given the correct amount of support to meet their needs; and
- 100% of service users were satisfied with the service.



Lunchtime at Cafe on the Hill

High Impact Change 8:
Improve service user flow by removing queues

The aim is to reduce the time service users wait at any point in the health and social care process e.g. between referral and the first appointment and any referrals to internal services.

Case study 8: Demonstrating the impact of removing queues in an adult mental health service

Mersey Care NHS Trust Mental Health Directorate.

Mersey Care's NHS Trust adult mental health directorate undertook a project in January 2005 to improve how people access local mental health services in the Southport and Formby locality. The key reasons for this project were:

- regular criticism from referrers, service users and carers about the difficulties and delays they experience when accessing services
- the development of new teams (e.g.) crisis resolution home treatment teams covering 24 hours a day, potentially made local provision more complex
- high rates of DNAs, cancelled clinics, and low rates of discharges back to primary care
- future changes to waiting time targets
- the relatively high number of crisis / emergency referrals
- caseload sizes and 'blocked' outpatient clinics
- national policy encouraging better gateway processes and more choice
- advances in information technology and changes in consumer expectations means services need to have prompt responses; and
- national policy introducing payment by results and practice based commissioning means services need more effective information and data processes.

The gateway worker started in April 2005. An audit was completed for a six month period.

Impact measures:

- 884 referrals were received in the audit period, an average of 34 referrals per week
- 59% of referrals were received from primary care.
- 22% of referrals were not seen in secondary care. They were given advice, support and sign posted on to other services
- anxiety and/ or depression were the main reasons for referral in 43% of the referrals received from primary care; and
- the gateway worker completed 81 face to face mental health assessments (9% of total number of referrals). An additional 26 service users were seen face to face by the gateway worker for advice / support
- 17% of referrals received an outpatient appointment, 17% of referrals we sent on to counselling/psychology, 7% received a crisis resolution home treatment assessment, 4% received a CMHT assessment
- enabled CRHT and other teams to focus on serious mental illness
- enabled service to comply with Choose and Book initiatives
- improved relationship with primary care reduced DNA rate for new referrals by 16%: from 26.6% in 2004 to 13.8% in 2005, for outpatient referrals
- more prompt response – decisions made in 24 hours, better customer care making telephone calls rather than writing letters.
- current routine referral waiting time is four week, emergency same day, urgent one week The team is now achieving CRHT targets; and there is an improved rate of discharges in outpatient clinics.
- staff time freed up in outpatients and other teams
- decisions made and communicated to service users in 24 hours
- crisis resolution / home treatment (CRHT) team and other teams can focus on supporting people with serious mental illness; and
- relationship with primary care improved by providing dedicated time to develop a partnership approach.

Gateway worker, Wendy McGowan, takes a referral from a GP over the phone

High Impact Change 9:
Optimise service user and carer flow through the service using an integrated care pathway approach

This change increases efficiency and outcomes through a whole service evidence based systematic approach to delivering a care package. It may involve the use of service improvement tools to identify the causes of blocks and delays and implement sustainable solutions

Case study 9a: Demonstrating the impact of an Older People's Memory Clinic.

Centre for the Health of the Elderly, Northumberland, Tyne and Wear NHS Trust (formerly Newcastle, North Tyneside and Northumberland NHS Trust)

Impact measures:

- two consumer surveys/audits demonstrated high levels of service user satisfaction
- development of new carers group for carers of those with early (mild) dementia run jointly with staff from the local Alzheimers Society & clinic CPN
- new information packs developed for people diagnosed with early dementia which are given to all service users at the time of diagnosis
- driving assessment packs with detailed information
- annual follow-up procedures in place for those with mild cognitive impairment
- guidance on anti dementia drugs confirmed by clinical audit
- over 90% of service users extremely satisfied with waiting time and service provided; and
- memory clinic and memory remediation group are now fully integrated into the care pathway for Newcastle older people's mental health services.

Case study 9b: Demonstrating the impact of a whole system approach to early intervention

Gloucestershire Recovery in Psychosis service (GRIP), Gloucestershire Partnership NHS Trust and Cheltenham Community Projects.

Impact measures:

- reduced bed occupancy

Comparing treatment as usual (TAU) services with the GRIP service:

- TAU offered behavioural family Intervention (BFI) to 17% of first episode psychosis users and their families. With GRIP 93% of users and their families now access BFI
- TAU services offered 10% of carer's formal assessment. GRIP now ensures that 100% of carers receive this assessment
- only 17% of TAU users were aware of care programme approach (CPA). GRIP has achieved a 100% success rate in ensuring that users know what CPA is
- both users and carers are more satisfied with the community and home treatment based style of delivery
- duration of untreated psychosis (DUP) has reduced within Gloucestershire from 13 months (achieved by Treatment As Usual – TAU services) to 3 months by the GRIP Team from April 2003 to March 2006
- fewer Mental Health Act assessments
- at April 2006 no incidents of suicide despite a 70 times higher risk among this client group; and
- high interest from staff to join early intervention in psychosis services thereby supporting recruitment and retention of staff.

Memory clinic staff discussing memory aids.

High Impact Change 10:

Redesign and extend roles in line with efficient service user and carer pathways to attract and retain an effective workforce

This change aims to ensure that the services provided meet the needs of service users and carers and that skilled and motivated staff are recruited and retained.

Case study 10: Demonstrating the impact of employing a memory nurse in older people's services

Memory Assessment and Research Centre, Hampshire Partnership NHS Trust

Impact measures:

- reduction of waiting for new referrals to four weeks
- new service users up by 50%: additional 200 people can be seen per year by memory nurses in addition to memory clinic
- an additional 1000 follow-up appointments can be held each year
- response to increasing demand from GPs with rising referral rates, especially for younger and earlier specialist assessment (early onset dementia)
- three memory nurses are supplementary prescribers
- more activity for far less average cost (average £15 per staff contact cost of memory nurses compared average £50 per staff contact cost for memory clinic)
- memory nurses ran the Memory Matters carers' education course and extended the service
- service users (78%) and carers (91%) are either very happy or quite happy for the memory nurse to be the main contact regarding dementia medication
- provided a cost effective way of providing and monitoring dementia treatment in keeping with national guidance and advice; and
- introduction of patient specific direction for Donepezil with the Memory Nurses supplying Donepezil packs from MARC base which is less expensive than prescribing on FP10's (a saving of £40 per 28 days pack of Donepezil 10mg).

The Memory Assessment and Research Centre's memory nurses

Conclusions and recommendations

The 10 High Impact Changes for mental health services illustrate where demonstrable change can be achieved and how a range of benefits can be realised.

As the evidence base grows the discipline of service improvement will become more robust and rigorous and this will enable health and social care communities to more widely learn and share experience.

The 10 High Impact Changes provide a framework to underpin service improvement programmes of work that builds on the good practice across the wide range of mental health services and will support achievement of organisational priorities.

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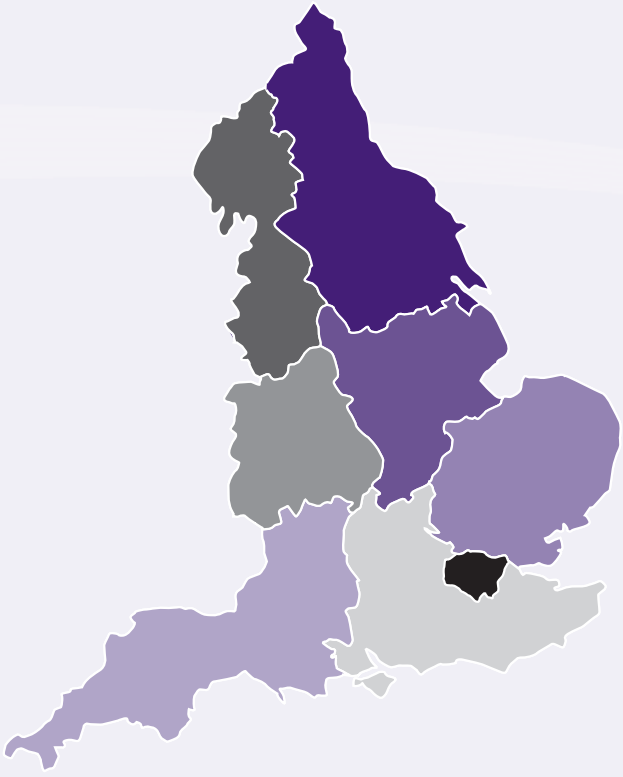

Supporting implementation of the 10 High Impact Changes

Directory of Service Improvement

CSIP has created an online directory of service improvement that brings together the wealth of tools and techniques CSIP uses to support health care professionals, people that use services and the people that support them, as they work in partnership to improve local services. It brings together information on methodologies, networks, exercises, icebreakers, and energisers, which are supported by real life examples. The directory can be explored and utilized to improve services and make High Impact Changes. It helps answer questions like:

- Where should we start with service improvement?
- Who should we involve?
- What sort of tools or techniques could help us? And
- How will we know if things have got better?

To access the regularly updated directory, visit *www.csip.org.uk/serviceimprovementdirectory*

Integrated service improvement programme

The ISIP Road Map for Transformational Change provides guidance on the process of change and sign posts to tools and techniques. The web site also contains the ISIP stepped guidance to assist in planning and delivery of benefits led service improvement. *www.isip.nhs.uk*

Each strategic health authority has an ISIP lead who can provide you with information and support in using the ISIP methodology to support planning and delivery of service improvement.

Service improvement competencies

The Mental Health National Occupational Standards (NOS) state the competencies describing good practice in the delivery of mental health services and are mapped against the NHS Knowledge and Skills Framework.

The NOS can inform decision making in a range of areas including service and role redesign. Interactive tools and resources available to help individuals and organisations develop and measure performance outcomes include the skills required to provide service improvement interventions. These can be accessed through Skills for Health *www.skillsforhealth.org.uk/mentalhealth*

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High Impact Change 1

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- South Essex Partnership NHS Trust
- Acute Day Hospital Banbury, Oxfordshire & Buckinghamshire Mental Health Partnership Trust
- Maidstone Crisis Resolution Home Treatment Team, Kent & Medway NHS & Social Care Partnership Trust
- Humber Mental Health Teaching NHS Trust
- Rapid Access Service, Wakefield Older People's Mental Health Services, South West Yorkshire Mental Health NHS Trust
- 5 Boroughs crisis and home treatment teams, South West London & St Georges Mental Heath NHS Trust
- Nabcroft Older peoples Service, Kirklees, South West Yorkshire Mental Health Trust.

High Impact Change 2

- Newcastle & North Tyneside Perinatal Service, Northumberland, Tyne and Wear NHS Trust
- Primary Care Mental Health Service, Hambleton and Richmondshire PCT
- Preston Primary Care Mental Health Team, Lancashire Care NHS Trust
- Bucks Early Intervention Service, Oxfordshire & Buckinghamshire Mental Health Partnership Trust.

High Impact Change 3

- Southwark Adult Mental Health Services, South London & Maudsley NHS Trust
- Adult Mental Health Care Group, Sheffield Care Trust.

High Impact Change 4

- East Cambs and Fenland Locality, Cambridgeshire & Peterborough Mental Health Trust.

High Impact Change 5

- Tooting and Furzedown Community Mental Health Team (CMHT), South West London & St Georges Mental Heath NHS Trust
- Newcastle Adult Inpatient Services, Northumberland, Tyne and Wear NHS Trust
- Pharmacy Services, Mersey Care NHS Trust.

High Impact Change 6

- The Haven Project, Core partnerships: – North Essex Mental Health Partnership NHS Trust, local service user groups, local and commissioning PCTs, local voluntary agencies, A&E Dept, Essex Police, Colchester Borough Council. Extended Partnerships: – Psychology Dept., North Essex Mental Health Partnership NHS Trust
- The Service User Network, funded by the Department of Health's National Pilot Programme for Personality Disorders, hosted by South West London and St George's Mental Health Trust.

High Impact Change 7

- Work Rehab Café On the Hill, West London Mental Health NHS Trust
- Employment and Education Service, North Yorkshire Social Services
- Community Support Service, North Yorkshire Social Services
- CPA system, South Warwickshire PCT
- STR service, South Warwickshire PCT.

High Impact Change 8

- Adult Mental Health Directorate, Mersey Care NHS Trust
- Greenwich CAMHS, Oxleas NHS Trust
- Gables CMHT, Devon Partnership NHS Trust.

High Impact Change 9

- Centre for the Health of the Elderly, Northumberland, Tyne and Wear NHS Trust
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DH INFORMATION READER BOX			
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