



Model Line for Psychosis

Dr Ruth Briel
Senior Clinical Director
TEWV



making a



difference



together



Presentation outline

- What is a Model Line?
- Developing a Model Line in Psychosis
- Where we are now
- Plan going forward

making a

difference

together



Key Drivers for the Model Line

- Move towards recovery based services
- Need to improve physical healthcare
- Improvements in in-patient care – but needed to do the same in community
- Need to push even harder to remove waste from processes to ensure have a maximal amount of time for direct contact with patients and their carers.
- Need to ensure high standards in all teams
- Invested heavily on training staff in quality improvement – but still more to do
- Need for a method for share and spread of good practice between teams



making a



difference



together

What is a Model Line?

- **Concept taken from industry**

- Develop **and build** a new model (car) on one line – designed on customer and staff feedback
- Test the process
- Team who develop the new model go out and support the other teams to implement OR the other teams come into work with the development team

- **Toyota principles**

- High quality
- Customer focused
- Remove waste – non value added from customer perspective
- Build in mistake proofing

making a

difference

together



TEWV Model Line for Psychosis

- Looks at the entire pathway through the patient's perspective and ensures that each step adds value to the patient experience and outcome
- The Psychosis Model Line has been developed to ensure patients receive personalised care at a pace and level that is suitable to them to enable a journey from first onset of symptoms to a meaningful recovery
- Staff have clear standard work supporting safe care for each stage in the patient journey

making a

difference

together



Journey so far...

- Visioning event in Aug '13
- Included patients and carers
- Key staff from clinical and corporate services

making a

difference

together



What patients and families told us about services for people with psychosis?

- They want to be listened to
- They want to have treatments to help them recover
- The current care plans don't help them towards recovery
- Families want to be involved
- There is currently variation in treatment given
- At the start of their treatment, patients and their families don't understand what they will get and when

making a

difference

together



Observations and data collection!

**(Approx 220 Hours direct and additional indirect data
'trawl')**

making a

difference

together

What we observed

- Staff are very caring and helpful
- Patients speak highly of the service
- Patients individual goals were not at forefront of what we were doing
- Often not clear what patients have had which interventions
- Different patients have different interventions at different times, unrelated to their clinical needs
- Not every patient is getting treatments recommended by NICE

making a

difference

together



What else we observed

- Staff seemed to work in siloes
- The care you received depended on your care coordinator
- Staff spent a lot of time completing documents – which did not seem to focus on service users recovery goals
- Senior team only knew about 10-20% of service users (often those in crisis)

making a

difference

together



Key themes from data

- Time on PARIS v F2F time wasn't balanced!
- Service user goals not explicitly forming agendas for meetings
- Staff days are very 'bitty'
- Staff have to remember a huge amount of information in their heads

making a

difference

together



Data cont.....

- Is there a clarity of purpose for each contact and how does the visit link to service user stated goals?
- How do staff know where people are on the pathway?
- Often see ad hoc repeated conversation

making a

difference

together



Benefits of observation

- Very important in engaging with the staff
- Build a rapport/relationships with the team in advance
- Reinforced lots of positives whilst highlight what could be done better
- What we said we saw was real and not anecdotal
- It made staff sit up and think about why there was room for improvement
- Got to know some of the ‘tribal’ knowledge regarding the team

making a

difference

together



Developing the standards.....

- Prototype team created from existing members of staff within three teams:
 - EIP North Durham
 - EIP Stockton
 - Stockton Psychosis Team
- Completed 7 weeks of workshops with team
 - Week 1 in Dec '13 (vision and values)
 - Weeks 2-4 in Jan '14 (simplifying our psychosis pathway)
 - Weeks 5-7 in March '14 (working out the HOW)

making a

difference

together



Weeks 2-4 outcomes

- Creation of a simplified pathway for people with psychosis from referral to discharge
- Creation of a simple, easy to use visual control to track which interventions each person has had and what they can expect to receive next
- Introduction to the concept of Cell working
- Introduction to the concept of peer support
- Simplified care plans to test, which were co produced with service users and carers

making a

difference

together



Weeks 5-7 outcomes cont..

- The testing of Daily Huddles including management and clinical supervision
- Creation of a team file which clearly documents team processes eg structure of cells, managing sickness/annual leave in the cells
- Standardisation of PARIS entries
- The 5Sing of both physical areas and electronic documents within the teams
- Clear team level metrics identified to be measured in order to track performance and motivate staff

making a

difference

together



Weeks 8 - 12 outcomes

- Completed the assessment and treatment packs
- A “Stop the Line” process for service users
- The physical wellbeing process was reviewed and improved
- Each appointment has a collaboratively set agenda between service user and staff member
- Created visual controls to better manage caseloads and therapies
- Creation of a test cell within Stockton Psychosis team including the creation of a “super cell”

making a

difference

together



What changed over the first year?

- Clinical standards
- Team working
- Team leadership
- Developed a clear model for share and spread
- Teams are supported for longer and more intensively as they are undergoing change



making a



difference



together



Clinical standards

- Fewer
- More focused on service users personal recovery goals
- Deeper understanding of person in the context of their life
- More psychological/psychologically informed interventions – medication used less as first line
- Better physical health care
- Everyone has a staying well plan from earlier
- Moving towards becoming more recovery focused

making a

difference

together



Recovery guide

- A one page visual representation of the pathway
- A stylised person, where each block is a step on the pathway, the legs are the assessment/formulation phase, the body and arms are the interventions, the head is the discharge



making a



difference

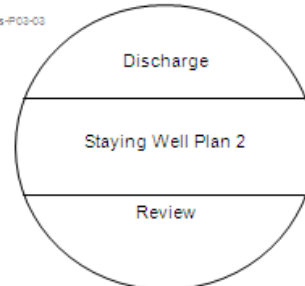


together

Recovery Guide

Reference: Model Line Psychosis-P03-03

Date Started: _____



| Health and wellbeing strategies and tools | CBT for Psychosis | Family Work | Hearing Voices / Unusual Experiences | Social care review | Review how you spend your time | Arts Therapy | | | | | | |
|--|-------------------------|-----------------------------|--------------------------------------|-------------------------------|--------------------------------|---|------------------------|-----------------------|-----------------|--------------------|--------------|---------|
| <table border="1"> <tr><td>Clozapine</td></tr> <tr><td>Lithium</td></tr> <tr><td>HDAT</td></tr> <tr><td>Depot</td></tr> <tr><td>117</td></tr> <tr><td>CTO</td></tr> </table> | Clozapine | Lithium | HDAT | Depot | 117 | CTO | Health and wellbeing | Medication management | Physical Health | Physical treatment | Declined (R) | N/A (Y) |
| Clozapine | | | | | | | | | | | | |
| Lithium | | | | | | | | | | | | |
| HDAT | | | | | | | | | | | | |
| Depot | | | | | | | | | | | | |
| 117 | | | | | | | | | | | | |
| CTO | | | | | | | | | | | | |
| The safety of you and your family | Legal work | Finances | Housing | Enhancing daily living skills | Ongoing (Black) | Complete (G) | | | | | | |
| 1 st appointment | Well being rating scale | Staying Well Plan 1 | Recovery Star measure | History | Physical Wellbeing | Introduction to recovery | Symptom rating scale | 12 Week Formulation | Care Planning | | | |
| | | How you spend your time/QPR | Family Appointment | Medication Treatment | Assessing daily living skills | Social Care assessments including carers assessment | 6 week pre-formulation | | | | | |
| | | | | | | | | | | | | |

- Declined (R)
- N/A (Y)
- Ongoing (Black)
- Complete (G)
- Next Step (Blue)



Team processes

- Smaller work groups – cells
- Daily huddle
- Focus on personal recovery goals
- Ensure everyone has clear next steps
- Everyone gets MDT involvement

making a

difference

together



Team leadership

- Dispersed leadership
- B6 leads the cells; Psychiatrist, team manager, psychologist, advanced practitioner support and guide
- Leadership team promotes recovery values
- Leadership team promotes psychological understanding
- Leadership team present every day at huddles

making a

difference

together



Extent of work to date

- 3 initial teams
- Followed by 7 subsequent teams
- 4 teams remaining
- Over 200 staff
- Approx. 2500 service users

making a

difference

together



Staff views (based on over 40 semi-structured interviews)

- 'Change was intensive'
- 'Model Line promotes recovery'
- 'Care more consistent'
- 'Less variation'
- 'more focused on individual's personal recovery goals'
- 'Less likely to use MHA'
- 'More multi-disciplinary'
- 'Better physical care'

making a

difference

together



Patient Experience

- FFT scores – majority recommend TEWV
- Patient feedback box – everyone said they had had a good experience
- INSPIRE – generally good , but need to do more on ‘understanding my hopes and dreams’

making a

difference

together

Patient Satisfaction Score

| | March | April | May | | |
|---|-------|-------|------|---|------|
| Likely to recommend | 76% | 76% | 100% | ↑ | 24% |
| Were you given a choice of where your appointment was held? | 54% | 65% | 50% | ↓ | -15% |
| Were you given a choice of when your appointment was held? | 71% | 74% | 75% | ↑ | 1% |
| Were you treated with dignity and respect? | 100% | 100% | 100% | → | 0% |
| Were you actively involved in the development of your care plan? | 78% | 78% | 75% | ↓ | -3% |
| Have you been given or offered a written or printed copy of your care plan? | 82% | 55% | 75% | ↑ | 20% |
| Overall how would you rate the care you have received? | 81% | 91% | 100% | ↑ | 9% |
| My main worker helps me to feel supported by other people. | 82% | 83% | 100% | ↑ | 17% |
| My main worker helps me to have hopes and dreams for the future. | 40% | 67% | 100% | ↑ | 33% |
| My main worker helps me to feel good about myself. | 67% | 77% | 100% | ↑ | 23% |
| My main worker helps me to do the right things that mean something to me. | 80% | 73% | 100% | ↑ | 27% |
| My main worker helps me to feel in control of my like. | 60% | 76% | 100% | ↑ | 24% |

Response numbers 17 33

4

| | | | | |
|-------------------|-------------------|-------------------|-------------------|------------------------|
| ■ Excellent: 80%+ | ■ Good: 65% - 79% | ■ Fair: 50% - 64% | ■ Poor: 40% - 49% | ■ Very Poor: Under 40% |
|-------------------|-------------------|-------------------|-------------------|------------------------|

Was your experience of our service today good?

Please place a token in either Yes or No slot below
Thank you for your feedback



NHS
Have your say to improve your healthcare
Did you know you can now have your say to help improve more services across the NHS?
The Friends & Family Test is about giving patients the opportunity to provide quick feedback on their care and treatment experience. It's already in use in many parts of the NHS and is expanding to a lot more.
You can say what is going well and what can be improved so that people who make decisions about local healthcare can take your views into account.

- You told us that ...
- information is vital
 - you want information to help you understand your condition and make decisions about treatments and services
 - not everybody has access to the website
 - leaflets are still your information choice
 - you prefer to receive information from staff
 - the care co-ordinator is key to giving information
 - you want information about medication
 - pictures make information more understandable

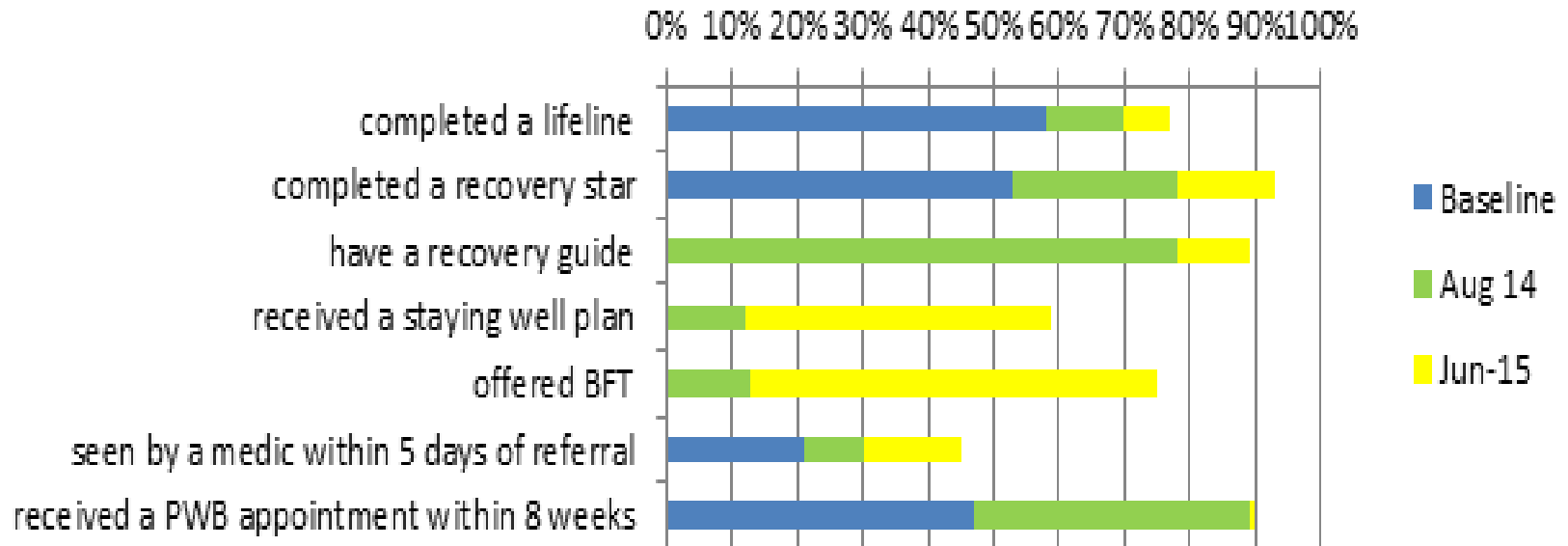
- If you would like more information, please ...
- talk to your care co-ordinator or lead professional
 - see the 'for patients and carers' pages of our website, www.lewy.nhs.uk
 - find out more about your medication at www.lewy.nhs.uk/medication

Thank you if you have already given your views, but if not, it's not too late to complete our questionnaire.
These can be posted to the freepost address on the form or returned via the receptionist.

making a difference together

Results after one year

Stockton Psychosis



making a

difference

together



Lessons Learnt

- We underestimated how much there was to do!
- Team and leadership processes were crucial
- Clarify of vision is important
- Different teams can go at different speeds
- Many skills gaps to address
- Teams respond well to learning the new processes from existing teams
- Continual improvement....

making a

difference

together



Plan going forward

- Roll out to remainder of teams
- Service user involvement to further improve experience
- Intensive skills development
- Greater clarity needed on roles within teams – eg peer support workers
- Consider moving on to other service lines

making a

difference

together



Any Questions?

making a

difference

together



For more information...

- Model line team:

- Ruth Briel (Sponsor)
- Lisa Webb (Programme Manager)
- Christine Bruce (Project Lead)

- Pilot Team contacts

- Mandy Conlon – Team Manager, Stockton Psychosis Team
- Paula Cox – Clinical Psychologist, Stockton Psychosis
- Kathryn Robinson, CPN, Stockton Psychosis
- Ian Grieve, Team Manager, North Durham EIP
- Adrienne Carter, CPN, North Durham EIP

making a

difference

together