

# Clinical Health Psychology NHS Lanarkshire

## – case study



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This case study captures learning from NHS Lanarkshire Clinical Health Psychology Service. This service undertook a project, starting in July 2018, with an aim to reduce the DNA rate for new appointments to less than 15% by the end of October 2019.

This case study demonstrates:

- ✓ Utilising QI methods to improve and maximise service efficiency
- ✓ Improving timely access to psychological therapies
- ✓ Increasing service user choice and flexibility in appointments
- ✓ Valuing the importance of the patient perspective to improve services
- ✓ Overall reduction in median waiting times achieved and maintained

### Background

The Clinical Health Psychology Service is a specialist psychology service for adults over the age of 16 who are experiencing severe and complex psychological difficulties specifically associated with an ongoing physical health condition and/or its treatment. This is a small service (3.0 WTE) which provides input for all medical specialities across the three acute hospital sites in Lanarkshire.

It was identified that the DNA rate for new appointments in the service ranged from 13-50% with an average rate of 20%. The DNA rate for new appointments was considerably higher than return appointments. The negative impact of a high DNA rate was increased waiting times and wasted administrative time spent sending letters and making phone calls. Higher DNA rates also negatively impacted on clinician productivity and the ability to manage a caseload effectively. Service feedback indicated that the lengthy waits caused significant distress to patients who frequently telephoned the service to ask when they would be seen.

The team recognised that reducing the DNA rates of first appointments required a Quality Improvement approach. The service therefore joined the Mental Health Access Improvement Support Team Collaborative to look at maximising capacity and increasing timely access to evidence-based psychological therapy.

## Test of change

The team developed a driver diagram (Figure 1) with the wider service to understand the drivers that would contribute to meeting their aim.

The team identified a number of tests of change (Figure 2) by following the service user journey through the service. Telephone triage was introduced within 2/3 weeks of referral to assess, in a timely manner, the most appropriate input required for needs. This allowed for a more tiered approach to input depending on the level of need of the individual.

Appointment letters were revised and flexibility in appointment time and clinic location was offered to promote increased choice for service users. The introduction of a structured referral form (Figure 3) helped educate and guide acute referrers to the required information needed in a psychology referral. This aimed to streamline the referral process (e.g. reduce clinician's time completing lengthy forms/dictating letters). It also aimed to improved effectiveness by increasing appropriate referrals and ensuring individuals were accessing the most appropriate service at the right time.

## Success factors

- ✓ Good baseline data
- ✓ Participation in the MHAIST Collaborative and the accountability to the reporting schedule and learning sessions
- ✓ Team Lead completing NES Scottish Improvement Leader programme (ScIL)
- ✓ Support of data analyst
- ✓ Administrative Team support
- ✓ Service-user feedback
- ✓ Input from wider team and harnessing their expertise

Figure 1 Driver Diagram

## Driver diagram

### Improvement focus:

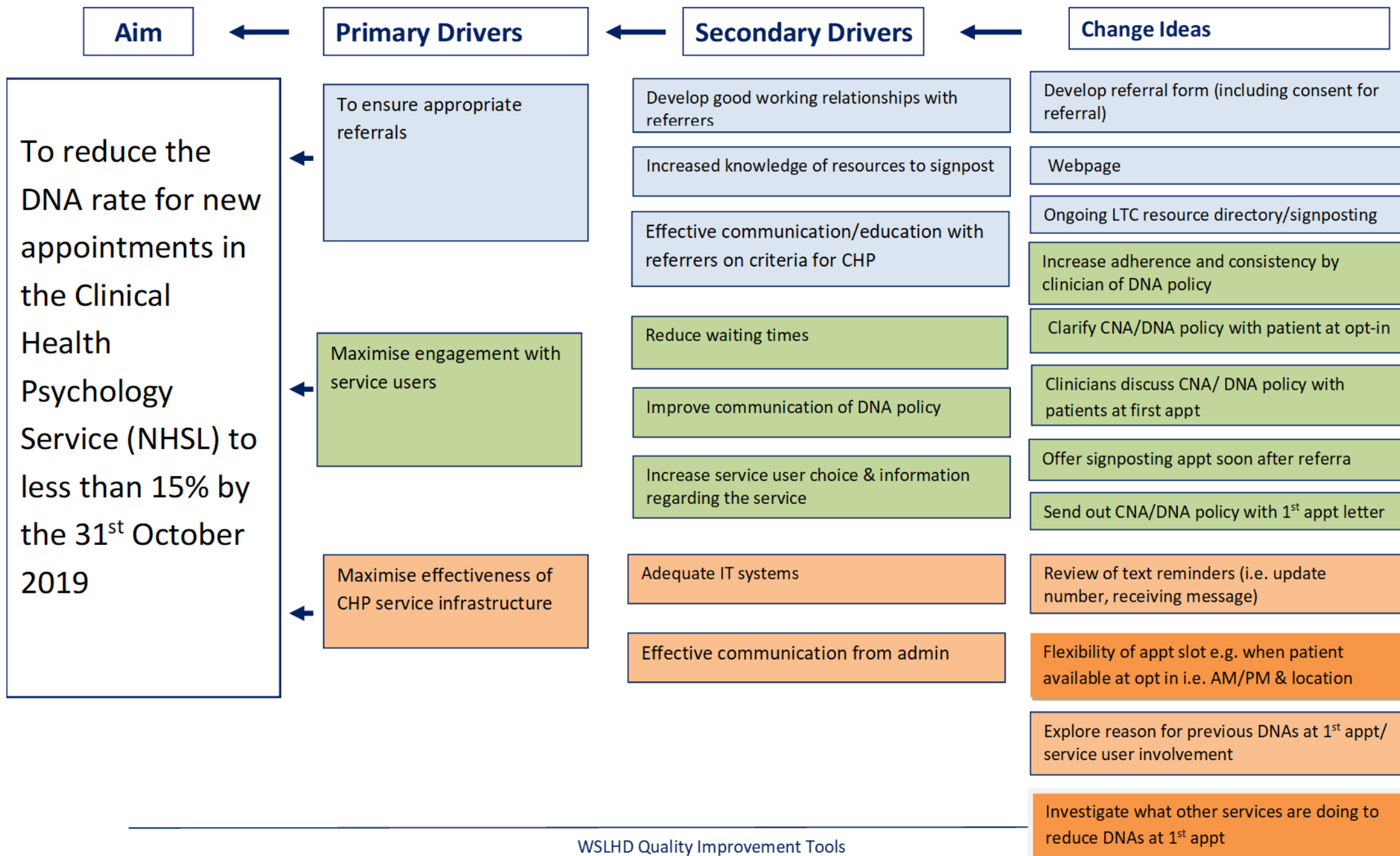
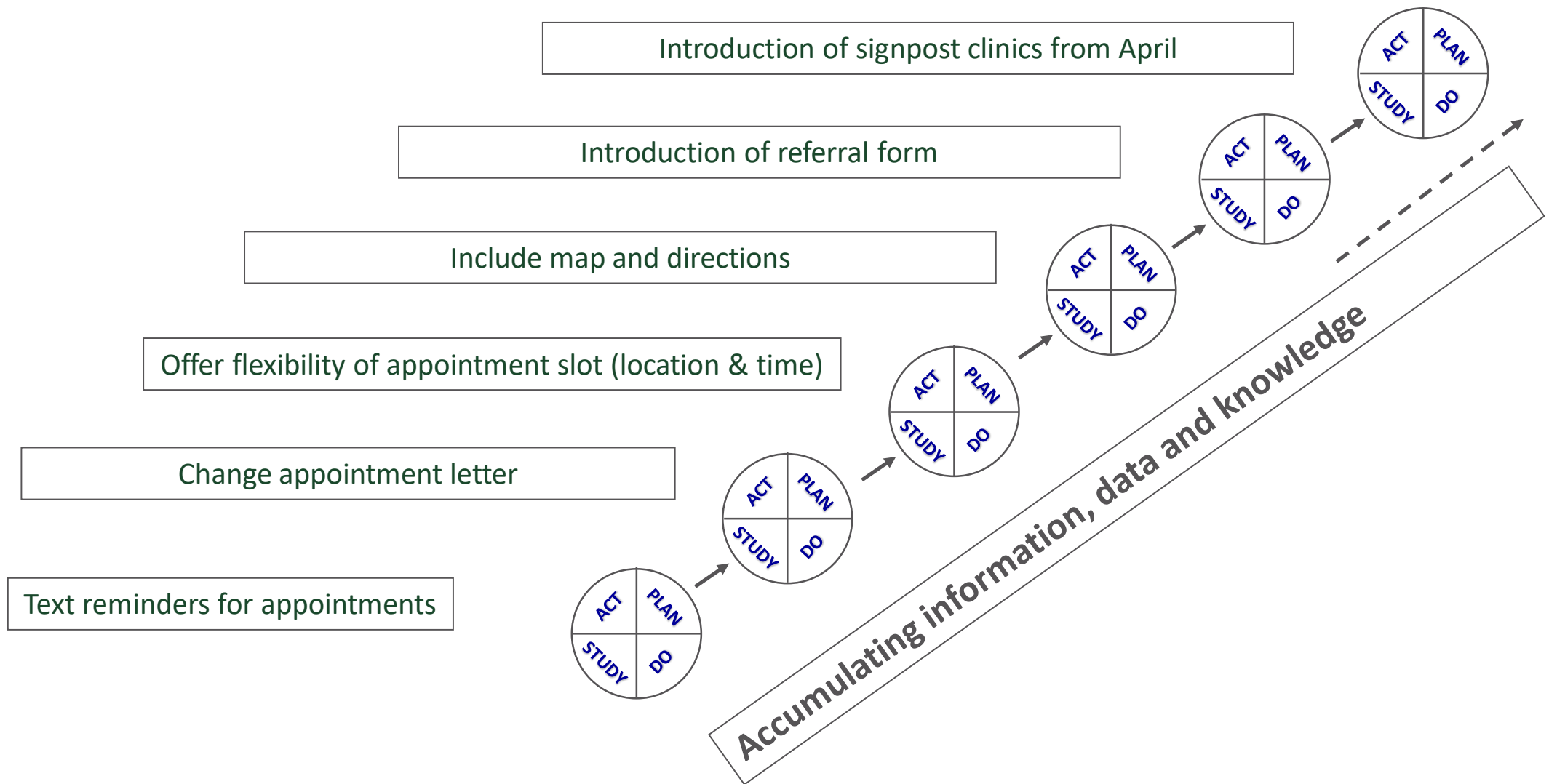


Figure 2 PDSA Cycles

Below is the diagram showing the tests of change completed by the team. The following slides will go into more details about these tests and show the data gathered during the cycles.



**Figure 3 New Referral Form**

Below is a copy of the new structured referral form that was tested as part of this improvement project. This helped to educate referrers what information was necessary for the team and to reduce the number of inappropriate referrals.

**Referral to Clinical Health Psychology**

*Clinical Health Psychology Service  
University Hospital Monklands  
Telephone: 01236 712564*

**Referred Person:**

<b>Name:</b>	<b>CHI number:</b>
<b>Address:</b>	<b>GP &amp; Practice:</b>

**Referral:**

<b>Reason for Referral (e.g. Main Presenting issues/ difficulties, what can Psychology add to the care of this person?):</b>	
<b>Referrer Name &amp; Job Title:</b>	<b>Other Professionals/ Medical Specialities involved in care (Including Consultants):</b>
<b>Referrer Contact Address:</b>	
<b>Referrer Telephone Number:</b>	
<b>Brief summary of medical status (include role of psychological factors):</b>	

<b>Additional relevant background information (e.g. family, support, housing situation, employment, risk factors etc.):</b>		
1. Is the presenting psychological complaint directly related to the person's physical health?	Yes	No
2. Has referral been discussed, and individual agreed to the referral being made?	Yes	No
3. Do you think this person is motivated and capable of making changes?	Yes	No
4. Is this person aware of what individual therapy is likely to involve?	Yes	No
5. Do you think this person will engage with the treatment process?	Yes	No
6. Does this individual have longstanding mental health issues?	Yes	No
7. As far as you are aware, has this person ever been thought unsuitable for individual therapy?	Yes	No
<b><i>NB – If 'No' for questions 1-5 or 'Yes' for questions 6 and/or 7, please contact one of the Clinical Health Psychology team before submitting the referral. Always happy to discuss referrals.</i></b>		
<b>Signature</b>	<b>Date</b>	

## Measures

With the support of the data analyst the team collected and reported on a number of measures throughout the project. These are listed here.

### Outcome measures

- Monthly DNA rate for new appointments (%)
- Waiting times (weeks)

### Process measures

- % inappropriate referrals per month
- % patients choosing time/location of appointment
- % signposting outcomes (from mid-April)

### Balancing measures

- % appointments cancelled per month

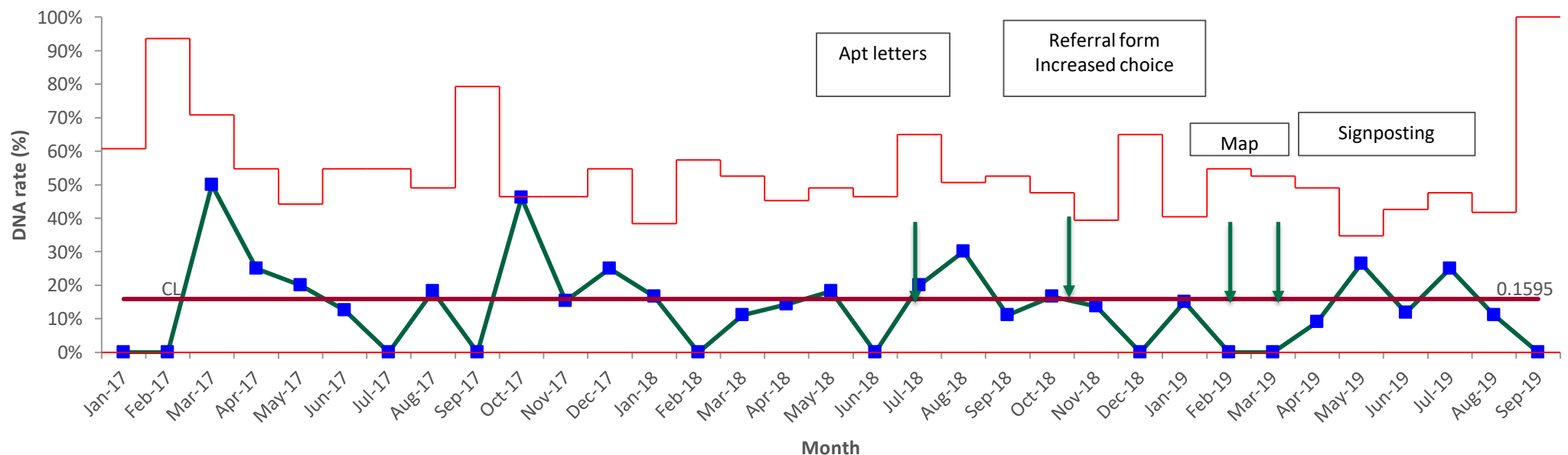
## DNAs

Figure 4 shows the percentage of DNAs per month between January 2017 and September 2019.

Tests of change started in July 2018 and an overall reduction in the variation of the DNA rate can be seen from September 2018. The DNA rate was below 15% in nine out of the fifteen months of testing. A peak in DNAs in May 2019 was due to problems with the text message reminder service which shows the impact of the technology on the smooth running of the service. Another increase in DNA rate was observed in July 2019 but the reason for this was unclear.

Figure 4 DNA First Appointment

### DNA First Appointment (%)

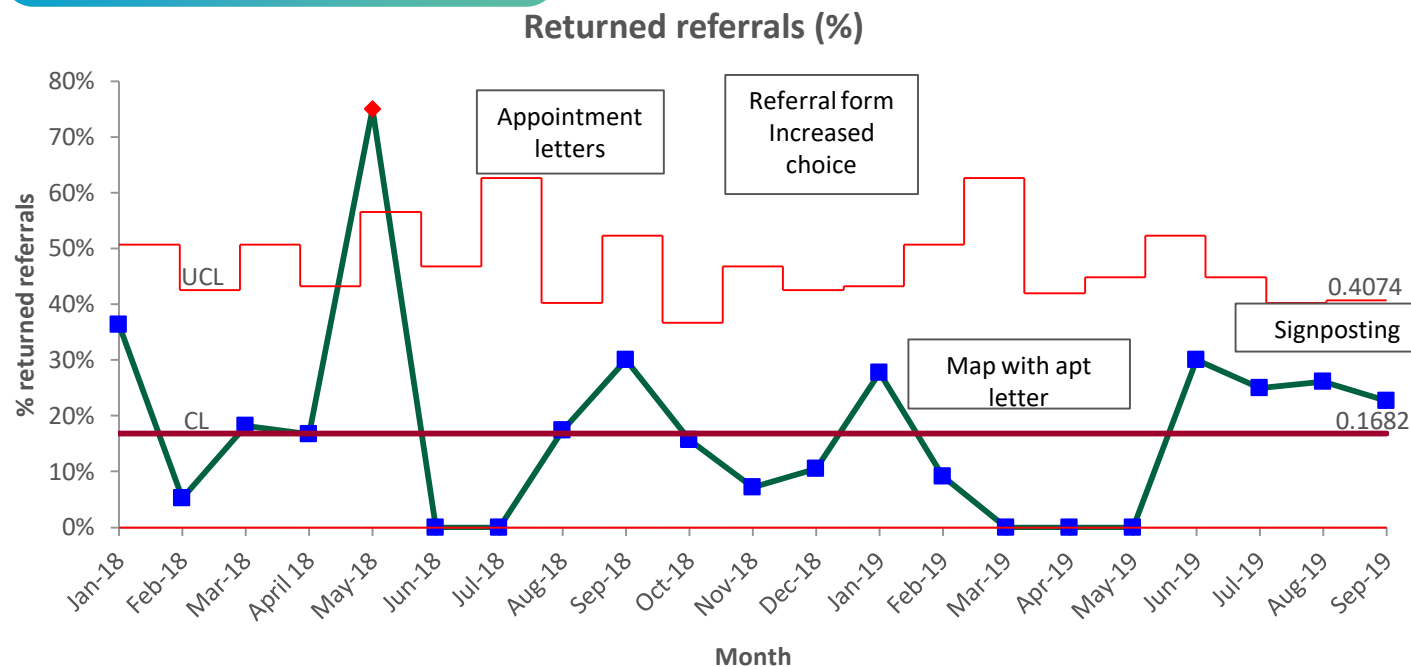


## Returned Referrals

This run chart (Figure 5) allowed the impact of the new referral process on the appropriateness of the received referrals to be tracked.

Introduction of the new referral form initially had a significant impact on the level of inappropriate referrals. However, this wasn't a sustained improvement as the service started to receive an increased amount of inappropriate referrals. This was due to an influx of new referrers who weren't aware of the new referral process. Analysis of the data allowed the service to respond to this problem and educate the referrers accordingly.

Figure 5 Returned Referrals (%)



## Waiting Times

Between July 2018 and October 2019 the changes tested and implemented by the team reduced the median waiting time from 13 weeks down to 11 weeks (Figure 6).

Moreover, this improvement has been sustained for more than a year and has had a positive impact on service user satisfaction as well as staff morale.

Increased effectiveness has allowed more time to focus on service development.

Figure 6 Waiting Times

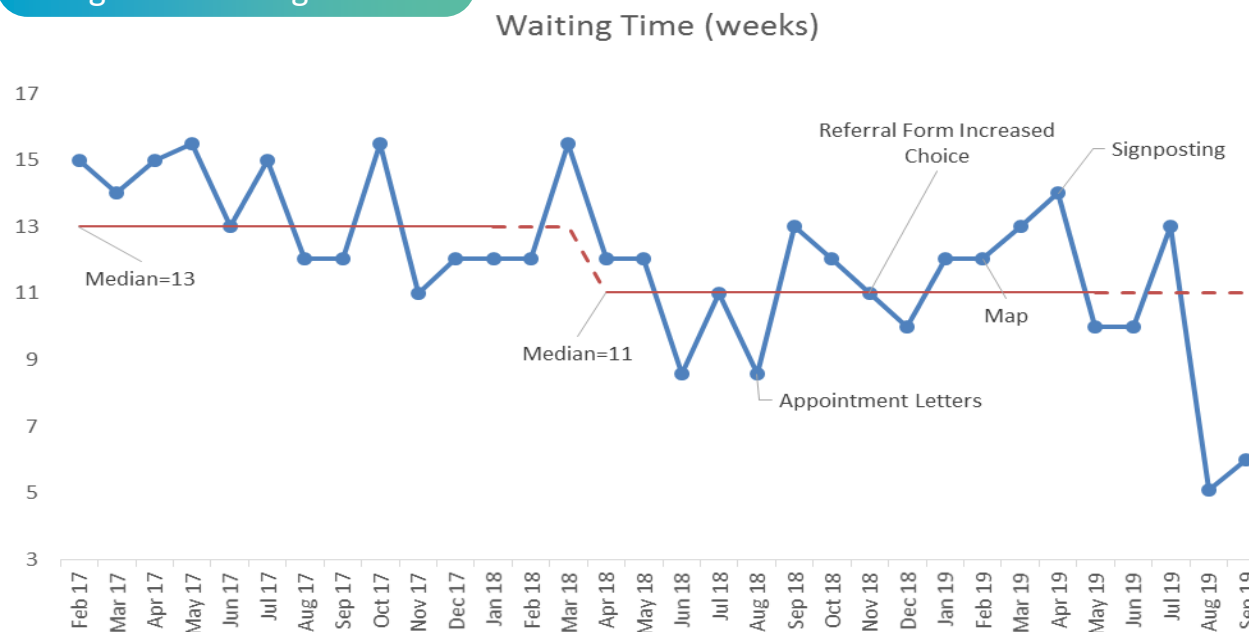
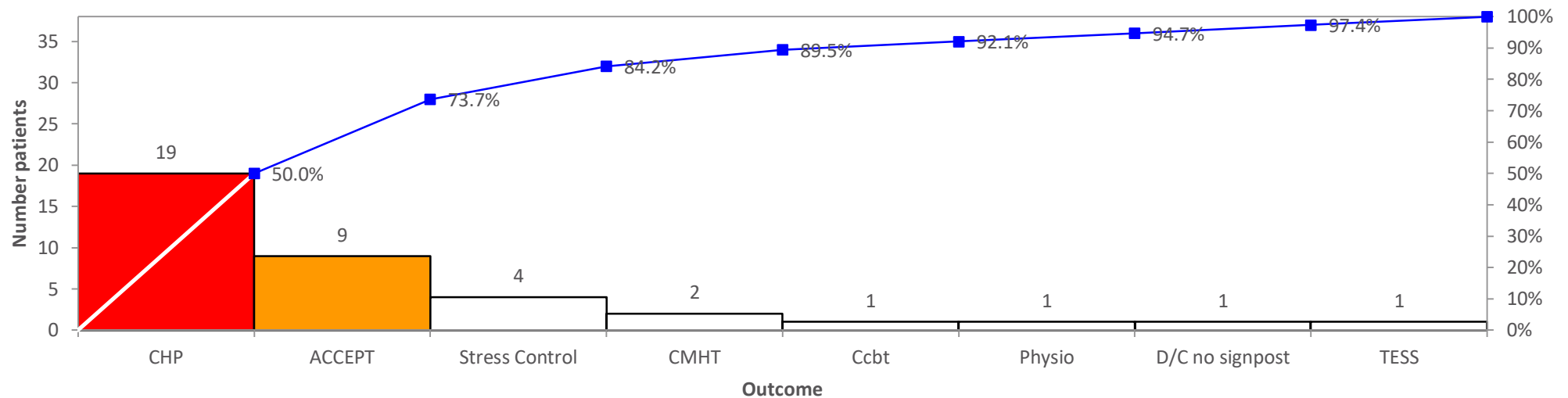


Figure 7 Signposting Outcomes

## Signposting Outcomes



### Signposting

Another positive outcome came from the signposting implemented at the triage telephone assessment.

Figure 7 shows that only 50% patients seen for signposting were put on intervention waiting list for Clinical Health Psychology

Most of the other 50% were signposted to a more appropriate service, most notably, a primary care psychology service for people living with long-term conditions and experiencing mild-moderate anxiety/depression).

### Learning

- ✓ Engage the wider team
- ✓ Impact on Administrative Staff
- ✓ Importance of patient perspective
- ✓ Challenge of IT systems
- ✓ Benefits of accountability to MHAIST (project updates)
- ✓ Changing working environment to boost creativity and excitement

### Future Plans

- ✓ Continue to monitor data
- ✓ Ensure inclusion of patient perspective in future plans
- ✓ Conduct a follow-up project exploring cancellations
- ✓ Share QI work and learning with other teams