



CASE STUDY: MENTAL HEALTH ADVICE AND ASSESSMENT TEAMS



BACKGROUND

The Camden & Islington NHS Foundation Trust Mental Health Advice and Assessment Team [MHAAT] is a small service that provides assessments and advice for service users with complex mental health problems.

Following a restructure in 2012 the MHAAT was created as a result of merging two previously separate assessment and advice teams. The team covers two boroughs, Camden and Islington, made

up of 10.4WTE plus two team leads, a Consultant Doctor and a Service Manager based at one location.

The MHAAT had been struggling to meet its service target to see 80% of service users within 5 or 10 days depending on the urgency of the referral. The Executive team invited Meridian to conduct an analysis to highlight and quantify any deficiency in the service and to offer a potential solution.

PROJECT

Meridian installed data capture mechanisms and measurement for the work coming into the service. This data had never been collected before and was used to quantify the volume of work that needed to be done by the team. This allowed the management team to make more informed decisions about the allocation of work and resources.

Through workshop sessions a series of 'internal service targets' were set. These 'internal service targets' prompted a review and monitoring of each step in the process allowing the MHAAT to clearly see where any problems existed that prevented their targets being met and to then deal with them.

The transition to 'Live Referral Processing' took place in the first two weeks of the project. 'Live Referral Processing' shifted the day which referrals

were processed from the day after they arrived, to in some cases, a decision being taken and the referral being processed within a few hours. This resulted in 1 day being clawed back in which assessments could be booked within the 5 / 10 day target.

'Live referral processing' also enabled the MHAAT to keep track of the referrals flowing through the system. Previously referrals had been handled by many people with no unified way of working. This had resulted in referrals being held up at various stages because documents would be misplaced or moved to the bottom of a pile. A clearly defined process resulted in no referrals being held up at any stage of the process and by the end of week 3, 100% of all referrals being processed on the day of arrival.

Using pre-planned 'clinic slots' allowed management to ring-fence capacity for new assessments to meet the 10 day target and plan sufficient

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time to complete all of the clinical admin immediately after each assessment took place. Through a weekly planning meeting the management team are now planning 4 weeks ahead of time to make sure there is sufficient capacity to meet the demand on the service.

RESULTS

A completely redesigned referral and appointment process allowing service users to engage in discussion with the team. This added benefit of patient participation in the process vastly improved the service offering, and reduced the number of 'Did Not Attend' (DNAs) in the service from 34% to 18%. 90% of the clinician assessments being booked within the 5 / 10 day target shortly after being implemented. Further action was taken to add additional slots to ensure that capacity could meet demand and

their goal of 100% could be met. 92% of assessments and all clinical admin were completed on the day the assessment took place. A complete change to the processes used to accept and triage all referrals received by the service.

Referrals were being processed on the day of arrival and not left for a day before they were looked at. This prompted faster decisions to be made by the Triage Team and by the end of week 3 it was standard process for the MHAAT to process all referrals the day they arrived.

A robust follow up process where management were assessing their performance daily was a significant change in the culture of the team and manner in which it was run. The management control system identified variances which prevented the MHAAT from hitting its goals and gave the MHAAT the tools to deal with them quickly.

A new booking template with 'clinic slots' has given the MHAAT management team full control on their ability to hit the 5 / 10 day service targets. Combined with the management control system and constant review the MHAAT is able to adapt their ring-fenced capacity according to changes in demand

Data capture mechanisms have been installed to give an accurate representation of the volume of work the service is required to deliver. This data enables the Trust to plan resource to meet the demands of the service. It will also allow the executive to identify any

excess capacity at the end of the year which could be used as identified cost savings or to approach the commissioners with the goal of securing additional income for the Trust.



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