

Chapter 5: Ensuring High Quality Care

Evidence of service improvement through implementation of the PDSA cycle in England

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Local Service Context

The Healthy Minds Primary Care Psychological Therapy Service in Stoke-on-Trent was established in 2008 as part of the first wave of Increasing Access to Psychological Therapies (IAPT) programme. This service was commissioned to provide talking therapies for people with mild to moderate common mental health difficulties, aged 18 years and older, who are registered with a local GP. The service was put out to tender in 2012/13.

A Consortium consisting of North Staffs Mind, Changes Wellbeing Service and Combined Health Care NHS Trust as lead contractor were successful in the tender process for the service. At this time the service was not functioning at a high standard and many of its key performance indicators (KPIs) were red. It required modernisation to reach all its KPIs and to be culturally sensitive, give timely access, offer choice and a quality treatment which enabled client centred recovery.

The NHS Model for Improvement based on Plan–Do–Study–Act (PDSA) cycles was implemented to fundamentally improve the overall performance of the service. This model enabled small changes to be tested so that all stakeholders could review the changes, which supported more widespread implementation.

Service Achievements: Access to therapy was improved with the redesign of the assessment procedure alongside the care pathway, in line with national guidance. Multiple modes of therapy were developed to offer choice and a range of group therapy programmes, which aimed to reduce delays for therapy. At the start of the implementation plan there were significant delays for treatment as only 35% of people referred to the service were assessed in 14 days. Following implementation of the first PDSA cycle, there was evidence of improvements as data indicated that 98% of people referred to the service had been assessed within the 14 days.

A self-referral strategy was designed, research indicates that client engagement improves with self-referral and there can be a marked positive impact on individual recovery. Self-referral data in 2014 indicated that only 15–20% of people referred themselves to the service, which was relatively low. Self-referral prescription pads were designed and implemented across all General Practitioner Practices (GP's), enabling GPs to actively support self-referral. This was extremely successful and now self-referrals make up 60% of individuals coming through the service.

There was a substantial improvement in recovery with recovery being 36% at the start of the redesign and now improving to 60% in 2015/16. Key to the success of this service were strategies that included engaging all stakeholders internal and external to the service, detailed performance data and management for the workforce, strong technical support from the lead organisation and clear leadership which enabled the detailed planning and implementation of all the changes. A new culture of accountability and shared learning helped to shape the service and at the heart of the initiative was the service users improved experience of the service.