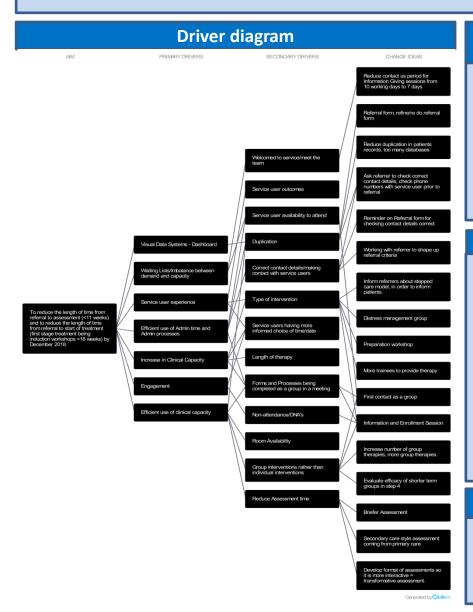# Capacity Management to increase timely access to effective psychological interventions
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Uncovering the mysterious client experience of enrolment sessions

Driver diagram

AIM | PRIMARY DRIVERS | SECONDARY DRIVERS | CHANGE IDEAS

To reduce the length of time from referral to assessment (<11 weeks) and to reduce the length of time from referral to start of treatment (first stage treatment being induction workshops <18 weeks) by December 2018.

Primary Drivers:
- Visual Data Systems - Dashboard
- Waiting Lists/Imbalance between demand and capacity
- Service user experience
- Efficient use of Admin time and Admin processes
- Increase in Clinical Capacity
- Engagement
- Efficient use of clinical capacity

Secondary Drivers:
- Welcomed to service/meet the team
- Service user outcomes
- Service user availability to attend
- Duplication
- Correct contact details/making contact with service users
- Type of intervention
- Service users having more informed choice of time/date
- Length of therapy
- Forms and Processes being completed as a group in a meeting
- Non-attendance/DNA's
- Room Availability
- Group interventions rather than individual interventions
- Reduce Assessment time

Change Ideas:
- Reduce contact us period for Information Giving sessions from 10 working days to 7 days
- Referral form, refine/re do referral form
- Reduce duplication in patients records, too many databases
- Ask referrer to check correct contact details, check phone numbers with service user prior to referral
- Reminder on Referral form for checking contact details correct
- Working with referrer to shape up referral criteria
- Inform referrers about stepped care model, in order to inform patients.
- Distress management group
- Preparation workshop
- More trainees to provide therapy
- First contact as a group
- Information and Enrollment Session
- Increase number of group therapies, more group therapies.
- Evaluate efficacy of shorter term groups in step 4
- Briefer Assessment
- Secondary care style assessment coming from primary care
- Develop format of assessments so it is more interactive = transformative assessment.

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Aim

The aim of the project was to explore the client experience of enrolment sessions in order to develop them to make them as helpful and accessible as possible

Why is this important to service users and carers?

To ensure enrolment sessions are as effective, accessible & helpful as possible.

A service user was consulted in the development of the evaluation form.

Data

The data is largely still being collected. Currently 40 evaluations have been collected with at least another 10-20 anticipated before the project finishes.
Currently 67% of respondents are female and this is 68% of the client's first engagement with mental health services.
Only 25% of people found the waiting room environment difficult.
87% report having a better understanding of what the service can offer.
Barriers to attendance: Money (15%), low mood (37.5%) and anxiety (47.5%)

Learning and what next?

The project is on-going so it's unclear how we can learn from this and implement changes from the results. Currently the data is suggesting that clients perhaps find the enrolment session helpful

Tell us your story in a nutshell

We are currently exploring the service user experience of an enrolment session, as the data is still being collected, we are unsure what we have achieved yet. We are hoping to either establish that service users find the current enrolment session helpful and accessible, or how we can adjust them to achieve this goal.

This will mean for service users that we are actively trying to make the service as accessible and helpful as possible for them. The overall aim to manage timely access to services, and the enrolment sessions contribute to this and help service users to understand what the service can and cannot provide.

The next stage is to finish data collection, analyse the results and develop recommendations based on the outcome.

Please return your completed poster to elft.qi@nhs.net