### Background/Context

Tayside Centre for Organisational Effectiveness (TCOE) was asked to help with this challenge, providing a range of tools and support to get the job done. Our consultants supported the Child and Adolescent Mental Health Service (CAMHS) team in analysing and measuring data to see where changes had to be made to the service, particularly to address staff capacity and patient flow.

A service improvement advisor facilitated the improvement work associated with the introduction of a Choice and Partnership Approach (CAPA) and also conducted pathway development work to map current processes and develop service redesign initiatives. These pathways were then revised in line with the CAPA model.

Meanwhile, an organisational development consultant was commissioned to undertake a systemic ‘diagnostic’, looking at the culture and dynamics within the service, and to formulate recommended interventions for action. TCOE later backed up this initial work with change management support to help team members embrace the necessary changes to the CAMHS service.

### Problem

Faced with excessive waiting times, the CAMHS team recognised that change was needed. The previously existing model of service delivery no longer met the needs of a much larger service with significantly increased demands placed upon it. Complaints were common, and a high rate of DNAs exacerbated an already bad situation.

A staff survey at the outset of the improvement work highlighted further difficulties:

- pressurised, stressed staff, with low morale
- inter-professional and team difficulties
- poor communication
- leadership, accountability and management issues
- lack of clarity, and poor understanding of roles, competencies
### CASE STUDY

| Aim | The CAMHS team committed to a service redesign and to reducing Tayside CAMHS waiting times in line with national targets by March 2013. To achieve this, the service moved to three locality teams and adopted CAPA, a clinical system implemented in many CAMHS teams across the UK. **Hurdles to overcome in reaching this target included:**  
- a 51 per cent increase in referrals to CAMHS generally from 2006–10  
- inequity of service provision and access across the three localities comprising NHS Tayside.  
- a backlog of more than 100 patients who had been waiting > 26 weeks; 38 of this number had already waited > 52 weeks  
- high DNA rate of around 32 per week  
- unclear and often ineffectual leadership and communication structures |
| Action taken | NHS Tayside set about redesigning its service around CAPA – a CAMHS system flow management tool designed to reduce waiting lists and enable quicker response times for patients. **In order to address the waiting times issues, a number of initiatives were taken forward by the CAMHS Teams.** These comprised:  
- Revision of the referral criteria and distribution to all referrers.  
- Mapping of key stakeholders for to inform them of the service’s adoption of CAPA.  
- The weekly referral screening meeting which involved 4-5 staff was replaced by daily referral screening by 1-2 staff. This resulted in referrals being allocated more quickly and effectively.  
- An opt in letter was sent to patients/families on the waiting list to ask if they still required CAMHS services. A waiting list ‘blitz’ was planned to clear the backlog before instituting the service transformation.  
- ‘Choice champions’ were selected to roll out the new approach centring on choice appointments. In this approach, an appointment |
CASE STUDY

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<th>Results</th>
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<td>After consulting with the CAMHS team, the service structure was revised. Certain meetings were rationalised and/or discontinued, and three locality teams formed to provide better and more targeted service coverage. The staff resource was tailored to meet patient requirements in each locality, while retaining the capacity to flex this resource when required to meet demand.</td>
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<td>Throughout this service transformation, a small CAMHS improvement team comprising senior management and TCOE consultants provided invaluable support and direction. The team enabled clear lines of communication to be established and ensured that any concerns were addressed swiftly and effectively. Organisational development and leadership development were other key areas of focus, and TCOE’s interventions zeroed in on team dynamics and team building.</td>
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**Feedback for the Team**

“The consultants inspired hope of change and improvement for a system which was struggling considerably in the light of differing expectations and delivery targets. Through comprehensive observations of, and communication with, all parties involved the resources required for change were mobilised. It was noted that significant investment of time was involved in the early stages of this project – this helped give the consultants legitimacy and respect from the whole staff group in CAMHS – genuine understanding of the systems was achieved. There was also a degree of responsiveness to problems that was refreshing – problems were clearly highlighted as soon as they arose with no opportunity for avoidance. There was also tenacity in terms of problem solving options that helped situations move on much more quickly than would be CAMHS’ past experience. Finally, as well as problem solving, the consultants were exceptionally sensitive too and rewarding of progress made – this was always genuine and a refreshing change for all concerned – something to be emulated!” | 

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<th>Efficiency savings and productive gains</th>
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<td>Early results show a demonstrable improvement in waiting times (see chart below) and the service also reports improved patient and carer</td>
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experience as a result. The introduction of DCAQ through CAPA will continue to support clinical and process efficient by reducing flows, reducing DNAs and optimising clinical time in patient facing activities.

Sustainability

Over time, and with backup from TCOE, the CAMHS team developed the knowledge and skills required to deliver improved patient access, care and outcomes.

A year on, in November 2012, the three biggest improvements remarked on by staff were: improved waiting times; improved care, choice and consistency for children and their families; and improved team working.

The majority of CAMHS staff now rated the service’s performance as seven out of 10, where previously they had given it just 4.87 on the same scale.

The formation of locality teams – and support for the locality team leader model – appeared to be a major factor in the culture change.

Dr Sheenagh MacDonald feels positive that NHS Tayside CAMHS will continue to develop and build upon what has been achieved.

Says Dr MacDonald: “There will be challenges ahead, but the service is well on the way to fully achieving its redesign goals and it is now much better equipped to deliver the future improvements to which it aspires.”

Lessons learned

The cultural and change management required cannot be underestimated and needs to underpin data collection and analysis. PDSA testing has supported the organisation to gain the knowledge, experience and clinical champions to allow us to spread the approach within the CAMHS service. The approach gave assurance in the robustness of information supporting future service planning and provides transparency for all concerned in identifying the recurring and
non-recurring activity necessary to achieve and sustain waiting time guarantees. The clinicians were engaged throughout the process, and they have supported the findings for the development of solutions and are assured that capacity can be tailored to meet demand.