TEES, ESK & WEAR VALLEYS NHS FOUNDATION TRUST: DEVELOPING A “MODEL LINE” FOR RECOVERY-FOCUSED CARE

Summary
Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) adapted the “model line” concept from industry as part of its drive to become authentically recovery focused. The aim was to ensure every mental health intervention is tailored to the patient’s identified recovery goals, and adds value to their experience throughout the care pathway. Managers and clinicians are immersed in feedback from service users, carers and experts by experience, evidence-based practice and lean methodology. The system is helping to embed self-care and peer support, while streamlining processes to free up time for staff to work with patients. The model line was developed and piloted within services for people with psychosis between December 2013 and July 2014, and is now being rolled out across all community psychosis and early intervention teams within the organisation.

Key facts
• The “model line” is a concept taken from industry and adapted for mental health services to look at the entire pathway from the patient’s perspective.
• Ensures every step adds value to the patient’s experience and outcomes to promote recovery and support individual goals.
• Streamlines processes, freeing up time for staff to work with patients to develop meaningful recovery and staying well plans.
• Allows teams to standardise pathways, with mechanisms to adapt interventions to individual service user needs.
• Focus on embedding evidence-based interventions and effective team processes.
• Initial evidence shows strong support from staff and service users, and further evaluation is planned.
• The new process was developed in December 2013 and pilots commenced in April 2014, with wider roll out to all community psychosis and EIP teams planned for 2015.

The issue
The key driver for developing the model line was TEWV’s ambition to become authentically recovery focused and transform its culture from one of compassionate paternalism to genuine co-production.

The trust wished to review its community services and redesign the model of delivering care in order to develop standardised ways of using evidence based practice and establish effective team processes to reduce waste and use staff time efficiently.

A rigorous piece of work was undertaken to review the existing process within the community team. Over 250 hours of first hand observation of the pilot teams helped achieve an in-depth understanding of the current process, as well as forming the basis of a case for change to share with the pilot teams.

The proposed solution
The aim of the model line programme is to provide a framework to underpin service delivery, ensuring a standardised approach to pathways that builds in mechanisms to allow clinicians to work with patients to meet their individual recovery goals. The model line prototype team of ten staff, both corporate and clinical, considered both
what a “perfect” community team should do and how it should do it. After deep listening to patients, families and experts, the team was able to define its areas of focus:

- co-production;
- service user defined goals;
- family interventions and involvement;
- evidence-based psychological treatments; and
- providing high quality physical health care and health promotion services such as smoking cessation, weight and alcohol reduction.

The pilots were set up with a view to agreeing a programme of future model line development. Significant improvements had already been realised using TEW Quality Improvement System methodology (QIS), so the team was confident of being able to build on an established and successful format.

Model line aims to offer personalised care at a pace and level suitable to each individual throughout their care pathway, from onset of symptoms to meaningful recovery. It is designed to provide a standardised approach that can be adapted to individual needs and recovery goals by keeping the patient at its centre.

The first model line was set up in December 2013 to develop an approach to the community psychosis in adult mental health service across the Trust. The project team met collectively for seven weeks from December to March to review the service and design new ways of working. A standardised, evidenced based pathway was developed, with all the supporting documents required to provide recovery focused patient care for people with psychosis. The model line is designed from the patient perspective, so the input of service users and carers in developing the approach was crucial. The team also worked with colleagues from the Recovery project and Care Programme Approach (CPA) project to ensure joined up working across the Trust.

Following this prototype phase, three initial pilot teams (totalling more than 50 staff) tested the community psychosis model line, which will be rolled out across all psychosis teams in Teesside and Durham during 2015. It will then be rolled out more widely throughout the trust.

**How it works**

A model line looks at the entire pathway, from onset of symptoms to meaningful recovery, through the patient’s perspective and ensures that each step adds value to the patient experience and outcome. The overarching aim is for every patient to receive a high quality service every time. The key elements in achieving this are:

- clear evidence based standards;
- clear and standardised ways of delivering evidence based practice;
- effective team processes to enable delivery of evidence based services.

This allows teams to ensure that the service is:

- Effective i.e. we are doing the right things;
- Efficient i.e. we are doing things right and not doing things that do not add value;
- Improving i.e. we are doing things better.
The key consideration underpinning every decision during the process to redesign the service was that every patient is different. The service needed to be able to respond to these differences while delivering high quality care for every individual. The pathway is therefore made up of interventions, each of which has its own ‘pack’ to ensure care is delivered in the best possible way every time. The packs cover welcome, assessment, intervention and discharge processes. The service user has freedom to choose the order in which they want to work through the interventions, making it a personalised approach to care. In addition, the service user and staff member co-produce standard agendas for their appointments, and service users can make use of a “stop the line” process to review their own care at any point.

The model line incorporates methods of visual control that support patient care. For example, the early intervention in psychosis caseload board clearly identifies at a glance where patients are in their journey and whether key interventions such as family therapy and CBT have been offered and delivered. The recovery guide is a one page visual representation of the pathway progress for each patient, which staff have embraced as a key enabler for determining what has been achieved and the next steps.

The new way of working has ensured staff can maximise the time they have available to work with patients, their families and carers. Teams of six to seven staff meet daily for a 15 minute stand up “huddle” attended by clinical leaders. Staff report on every patient they have seen in the last 24 hours, confirming the patient and their family’s goals and, importantly, the next steps planned. Staff can ask for help if there is a blockage in the process or if they feel progress to recovery has slowed.

The introduction of “cell” working and daily huddles has brought about a number of improvements:

- staff are supported in their decision making;
- staff have increased access to the leadership team;
- ad hoc and duplicated conversations have reduced, making communication both safer and more efficient;
- coordination has improved, helping ensure that all service users have a clear plan of action towards recovery;
- evidence-based practice has increased; and
- multi-disciplinary working has improved.

**Implementation**

From a prototype team of ten staff, the model line was rolled out to three teams, totalling more than 50 staff in order to test, refine and embed it into practice. This entailed fundamental change to how teams were organised in the trust, from larger teams of 10 to 20 staff to smaller working groups of 6 to 7 staff. Rather than meeting weekly for two to three hours, they now have a daily 15 minute “huddle”. These changes have helped to increase evidence-based practice and improve flow and multi-disciplinary working.

Following the pilot phase, the model line was further refined based on feedback from staff and service users and a roll-out plan was developed for all psychosis teams. Team readiness tools have been developed to ensure the teams are “change ready” and action plans are developed if there are any gaps.

After the initial three teams the model line was rolled out to two more community psychosis teams, or an additional 30 staff. There is a very structured and robust implementation plan which includes early involvement of the relevant leadership team members. A clear timeline of the preparation, implementation and post implementation actions are discussed and agreed. Prior to each roll out, the model line project team carries out observations of practice of a range of different professional roles within the team, undertakes case note audits and collects baseline data to...
monitor change. The team agrees an implementation date with the leadership team and the whole team needs to be available for a maximum of three days.

On day one, the project team will share the data from the observations and present a “case for change” that highlights to the team what they do well and opportunities for improvement, all linked to the principles of the model line.

During the subsequent two days, the key aims are to:

- establish the new “cells” (smaller sub teams);
- establish and practice the daily huddles;
- review existing caseloads against the core elements of the model line;
- set up the physical wellbeing processes; and
- ensure all team members are familiar with the standard work in the packs via a 1:1 with a member of the prototype team or the project team.

Members of the original prototype team support the roll out, explaining and modelling the new ways of working. After the initial roll-out week, the project team and members of original prototype teams continue to support the new teams to firmly embed the new way of working.

The essential elements needed to improve the patient outcome and experience, such as understanding the service user’s history and recovery goals; monitoring of physical health; early access to a psychiatrist; behavioural family therapy; and completion of a co-produced staying well plan, have all been implemented as part of the model line.

Sustainability is an essential aim of this project. Using the NHS institute sustainability tool, the project team surveyed the three original pilot teams. All three teams scored extremely highly, which is indicative of sustained and embedded change.

The trust plans to roll out the model line to all staff working with people with psychosis in 2015 and then build model lines for other service lines across the Trust in 2015/16. – Martha I think it is sufficient to say we will roll out across other services, rather than go into the detail, as this may change

**Outcomes: quantitative benefits**

The model line work builds on previous successes within the organisation, using a well-established improvement methodology, TEWV Quality Improvement System (QIS). The trust believes the model line principles have elevated service improvement to the next level in delivering excellent patient centred care. The work has so far produced improvements in a range of patient experience, clinical outcome and productivity measures.

- All three teams scored extremely highly on the NHS institute sustainability tool, indicative of sustained and embedded change.
- For one of the pilot teams, face to face time with patients increased by 55 per cent.
- The Model line focus on physical healthcare has contributed to the trust coming top in the National Audit for Schizophrenia for physical healthcare.
- The project team was able to demonstrate more patients receiving more evidence based treatments.
- For teams where the model line is fully embedded, all patients have identified recovery goals and a staying well plan.
For team 1, the number of patients who received a physical wellbeing appointment within eight weeks increased from 47 per cent to 89 per cent. For team 2, it increased from 5 per cent to 100 per cent and for team 3, from 15 per cent to 40 per cent.

13 per cent and 33 per cent (for teams 1 and 2 respectively) of patients were offered behavioural family therapy. Patients had not previously been offered this therapy.

The number of patients seen by a medic within five days of referral also increased for all three teams. The biggest increase within a single team was 32 per cent.

Outcomes: qualitative benefits

In addition to these quantitative benefits, the model line has delivered a range of qualitative benefits for patients in terms of their experience of treatment and outcomes in line with their individual goals, as well as for staff, particularly in reducing waste in working processes and releasing time for working with patients.

- Qualitative feedback from staff shows that they think the new way of working is better for patients as it offers a more consistent service, is more recovery focused and allows them to work better as a multi-disciplinary team.
- This project has allowed the trust to identify much more accurately the training needs for different teams, and to address those needs so that new skills are immediately applied in practice.

Staff on the pilot teams were surveyed after implementation of the model line approach, and gave overwhelmingly positive feedback:

- We were involved every step of the way as a team.
- We were allowed to influence the model line to meet local need.
- As all teams are different it has been good to be able to have some influence over how this has been adopted.
- This [model line] provides a structure upon which clinical decisions can be made.
- Excellent support pack. Promotes consistency in interventions when several staff working with same client.
- [Model line] got things moving more quickly and fully embraces the model the trust is trying to encourage around recovery, ownership and joint working with the patient.
- [Model line] allows more structure to the input of the clinical work from the onset. Even from the very beginning before referrals are received, there is a better format in place to make sure people are seen as soon as possible.
- From the patient’s perspective, [model line] focuses the staff and makes interventions clearer […] nothing’s forgotten and gives a more continuous approach to care.
- Clients are fully aware of the plans (rather than us having the plans in our heads).

Patients of the psychosis teams were asked about their experience, and mentioned feeling better informed and supported:

- Even more information of services and other people that could help me.
- I feel that I have been getting more information.
- Offered more advice.

Lessons learned

As the trust continues to roll out the approach across its services, the model line project team continues to look for opportunities to further improve and develop the process. The team have benefited from a number of practical and strategic enablers that have helped progress the project, as well as some challenges which they have worked to
address. They have also gained some helpful lessons from their experiences, which will be applied in rolling out the model line more widely within the trust and may also be useful to those considering a similar approach.

Practical enablers
• Dedicated project team allocated sufficient time and resources to run in depth pilots.
• Dedicated time from selected members of the prototype team to support roll out and continually improve the process.
• Regular and robust communication links with all key stakeholders.
• Clear plan for implementation ensures nothing is missed and everyone is engaged at a very early stage.
• A range of team and service readiness tools to ensure a strong leadership team is in place and engaged from the outset.

Strategic enablers
• Involvement of service users and carers alongside staff to ensure outcomes are aligned with what matters to patients.
• Direct links to other strategic projects within the organisation such as the recovery project and the CAP project.
• Exploiting the benefits of a project sponsor who is extremely “hands on” while retaining a senior clinical position within the organisation.

Practical challenges
• “Time out” for the teams to implement a new way of working while they continue to deal with the day to day demands of very busy services.
• Changing a culture of compassionate paternalism to one of genuine co-production.
• Measuring outcomes and benefits of the project has been a challenge due to the time needed for quantitative results to show up in evaluation. Further evaluation is planned as implementation continues.
• Resources of the project team were limited, which presented a challenge in pushing ahead with roll out across the psychosis teams, while continuing to support the teams that had already gone live.

Strategic challenges
• The roll out plan was initially too ambitious for a project with such significant impact on the teams and services.
• Retaining the support of ‘middle managers’ in the absence of robust quantitative data.

Key lessons
• The importance of engaging with staff hearts and minds at the earliest opportunity cannot be overstated.
• Having key senior staff (e.g. psychiatrist, psychologist and manager) in the prototype team is essential.
• Not to underestimate the profound impact this work has on the pilot teams during implementation, in terms of time and resources.
• Developing a realistic and achievable roll out plan is important.
• It was valuable having the model line project team work with each pilot team for one week in their home base during implementation.
• No two teams are the same, so approach each team with a fresh pair of eyes.
Conclusion

Staff involved in model line pilots have seen a significant positive impact on their work with patients. Key benefits of the programme so far include increased productivity within teams, more time available for staff to work directly with patients, patients being offered more complementary services than before, better monitoring of progress against agreed pathways and high staff satisfaction. The focus on standardisation of pathways and processes, combined with the emphasis on tailoring interventions to individual service user needs, has enabled the trust to create a strong blueprint which the project team is now successfully rolling out to additional teams within mental health services. Although providing concrete quantitative evidence of improved outcomes has proved challenging at this point in the programme, anecdotal evidence shows that the approach has delivered tangible benefits for both staff and service users, and the project team and senior leaders are committed to continuing to role out the model line across the trust’s services.

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