

Improving Early Intervention in Psychosis

Specification

August 2019

Contents

Introduction	1
What is Early Intervention in Psychosis?	1
Impact.....	2
What we plan to accomplish.....	3
Benefits of participation	5
Applying and participation	6
Key dates	6

Introduction

Healthcare Improvement Scotland is calling for applications from NHS boards to participate in a detailed exploration of the current EIP services in two test NHS boards and associated health and social care partnerships (HSCPs). Healthcare Improvement Scotland (HIS) will work with successful applicants to system map current EIP service provision, consider how relevant quality indicator data relating to psychosis can be best collected and optimised, what is required to improve their EIP services, what success looks like for local service providers and service users and create and implement an improvement plan.

This collaborative is one of a number of actions in the report, ['Our Vision to Improve Early Intervention in Psychosis in Scotland'](#), led by HIS working in partnership with Scottish Government (SG) and the Early Intervention in Psychosis Improvement Network (EIPIN) and will run until December 2020.

The successful NHS boards will receive:

- Funding to appoint a band 7 Associate Improvement Advisor who will be embedded within the NHS board to support this work. This role will be split between the NHS board (three days per week) and the national team (two days per week),
- Quality improvement capacity and capability building for teams prototyping and testing improvements, and
- Improvement coaching to support ongoing delivery and progress at ward/service, middle and executive leadership level.

Healthcare Improvement Scotland will work with a minimum of two NHS boards running from September 2019 until December 2020 with participation sought through an application and interview process.

Applications will close on Thursday 15 August 2019 with interviews being held in Glasgow on Tuesday 27 August 2019. The launch of the Early Intervention in Psychosis Improvement Network will be held in Glasgow on Thursday 5 December 2019.

What is Early Intervention in Psychosis?

Psychosis is characterised by hallucinations, delusions and disturbed thinking. It can cause considerable distress and disability for people affected, and for their families or carers.

A diagnosis of schizophrenia, bipolar disorder, psychotic depression or other psychotic disorder may be made, but it can take months or years for a final diagnosis because this often requires evidence of how the condition develops over time.

There is significant evidence, for example *Scottish Intercollegiate Guidelines Network (SIGN) guideline 131; Management of Schizophrenia*, states that early access to services, together with the delivery of defined evidence-based interventions, is fundamental in improving outcomes, and is highly cost effective. The time taken for the individual to start effective treatment directly affects later outcomes.

Estimates are of 1,600 new presentations of psychosis in Scotland a year.

In recognition that this is a significant issue, and an area of focus for the Scottish Government, the Mental Health Strategy 2017-2017 includes Action 26:

“Ensure the propagation of best practice for early interventions for first episode psychosis, according to clinical guidelines”

Impact

Research from previous work in Scotland has shown improved outcomes of the NHS Greater Glasgow & Clyde EIP service (ESTEEM) compared to a more generic model in NHS Lothian. Inpatient stays after the first presentation of psychosis were 72 days in Lothian compared to 33 in Glasgow.

The economic benefits of EIP services are significant. The Centre for Mental Health found that for patients supported by an EIP service, total health service costs are 20-50% lower compared with standard care for periods up to five years from study to study¹. EIP reduces the overall cost of mental health service per patient by £5,493 in the first year of psychosis and by £15,742 during the first three years. These are net savings and take into account the costs of EIP provision.

What we plan to accomplish

Healthcare Improvement Scotland, working in collaboration with the Scottish Government and the Early Intervention in Psychosis Improvement Network (EIPIN), will work with a minimum of two NHS boards from September 2019 until December 2020

Aim

By December 2020, two NHS boards will undertake a detailed exploration of their current EIP services and begin testing improvements in local EIP services.

Scope and scale

Healthcare Improvement Scotland will support two NHS boards to undertake a detailed exploration of their current EIP services, develop and implement an improvement plan. This activity is part of the report, 'Our Vision to Improve Early Intervention in Psychosis in Scotland', a full list of actions are outlined below.

We will establish a **National Early Intervention in Psychosis Improvement Network (EIPIN)**, followed by the phased **implementation** of better Early Intervention Psychosis (EIP) services and support across Scotland.

The EIPIN will:

- provide national coordinated clinical and programme leadership,
- bring together partners from Health, Social Care, the Third Sector, and people with lived experience, and;
- lead planned improvement activity.

By **the end of 2020** the EIPIN will:

- conduct a national needs assessment, which will make recommendations for how EIP services can be delivered in **urban, semi-urban** and **rural** communities, tailored to their specific needs. These recommendations will consider workforce and cost implications.
- undertake a detailed exploration of the current EIP services in two test NHS boards and associated health and social care partnerships (HSCPs), and support those appropriately. The EIPIN will consider how relevant quality indicator data relating to psychosis can be best collected and optimised in these NHS board areas, what is required to improve their EIP services, and what success looks like for local service providers and service users.
- review the relevant SIGN guidelines, and promote their active use across NHS boards and HSCPs.

The **second stage** of phased implementation across all NHS boards and HSCPs will be guided by the EIPIN's recommendations, as well as the learning from the improvement work in the two test NHS boards.

What will be expected from participating NHS boards?

Organisation/Culture

- Aligning EIP with the NHS board's strategic and corporate objectives for mental health.
- Continued support and engagement from senior management and NHS board executive leaders.
- Robust background in improvement methods (model for improvement, DCAQ).
- Culture where testing adaption and learning are embraced at all levels.
- Acknowledgement this is not a quick fix, time and patience is required to support the change.

Infrastructure

- Senior management sponsorship.
- Service manager/clinical ownership is vital and need to be part of the daily work.
- Quality improvement infrastructure in place from the Board to front line staff.
- Availability of timely data – finance and service planning support from these teams.
- Ward/team areas have the permission to focus in their areas for improvement.

Testing Services/Units

- Ethos of co-production and design.
- An engaged, skilled and enthusiastic clinical microsystem leader.
- Empowered to take their decisions, make mistakes and adapt.
- Teams that have had exposure to QI but not essential.
- Understanding of their system and ability to identify improvement priorities.
- Access to data sources including service planning, Datix and Trak.

What can you expect from HIS, SG and EIPIN?

HIS

- National leadership and coordination.
- Improvement support at all levels within the NHS board.
- Funding for an embedded Associate Improvement Advisor (3 days per week in the NHS board/two days per week national)
- Alignment and management of interface with relevant national policies and improvement programmes (such as Scottish Patient Safety Programme, Excellence in Care, Realistic Medicine, Access QI).
- Data review and monitoring progress.
- Governance.

Benefits of joining:

Equipping clinical and care with the ability to design new pathways and identify opportunities for improvement resulting in improved outcomes, experience and access aligned to achieving key national and local priorities.

There are a number of benefits at team and system level.

NHS board

- Embedding improvement methodology into day to day practice through QI capacity and capability building and dedicated associate improvement advisors.
- Increased effectiveness and efficiency of service delivery across pathways resulting in improved outcomes experience and value.
- Improvement coaching to support ongoing delivery and progress at ward/service, middle and executive leadership level.
- Bringing together leaders and teams from both NHS boards to share learning to inform phase two and implementation of improvements in EIP across Scotland.
- Working in partnership with Healthcare Improvement Scotland's Business Management Unit (BMU) to carry out a needs based assessment.

Applying and participation

All NHS boards in Scotland are invited to apply. We encourage interested teams to get in touch to discuss their application. The ihub will support interested teams to understand the requirements of the collaborative and how to apply. Contact us by emailing spsp-mentalhealthteam.hcis@nhs.net.

Email your completed application form to spsp-mentalhealthteam.hcis@nhs.net. Between Monday 29 July 2019 and Thursday 15 August 2019. Applications will not be accepted after **5pm on Thursday 15 August 2019**.

The application assessment will involve:

- Motivation and rationale provided by NHS board to participate in this work.
- Executive level support and commitment and links to NHS board strategies and plans.
- General management support.
- Local infrastructure to support the work.
- Teams/units already delivering/planning EIP services.
- Ability to describe plans for EIP service.
- Proposal to recruit band 7 Associate Improvement Advisor

Interviews will be held in Glasgow on Tuesday 27 August 2019.

NHS boards selected for interview are invited to send a maximum of **three** key representatives and are asked to ensure their representatives will be free on this date as no alternative arrangements are possible.

Successful applicants will be notified by Friday 30 August 2019 and a Memorandum of Understanding will be agreed between Healthcare Improvement Scotland and the NHS Board.

Key dates

Collaborative activity	Date
Applications open	29 July 2019
Closing date for applications	15 August 2019
NHS board interviews (in Glasgow)	27 August 2019
Successful NHS boards informed	30 August 2019
Site visits to complete pre-work and MOU	September - October 2019
Launch event	5 December 2019

The Improvement Hub (ihub) is part of Healthcare Improvement Scotland

You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net



Improvement Hub (ihub) Healthcare Improvement Scotland

Edinburgh Office

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office

Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.ihub.scot