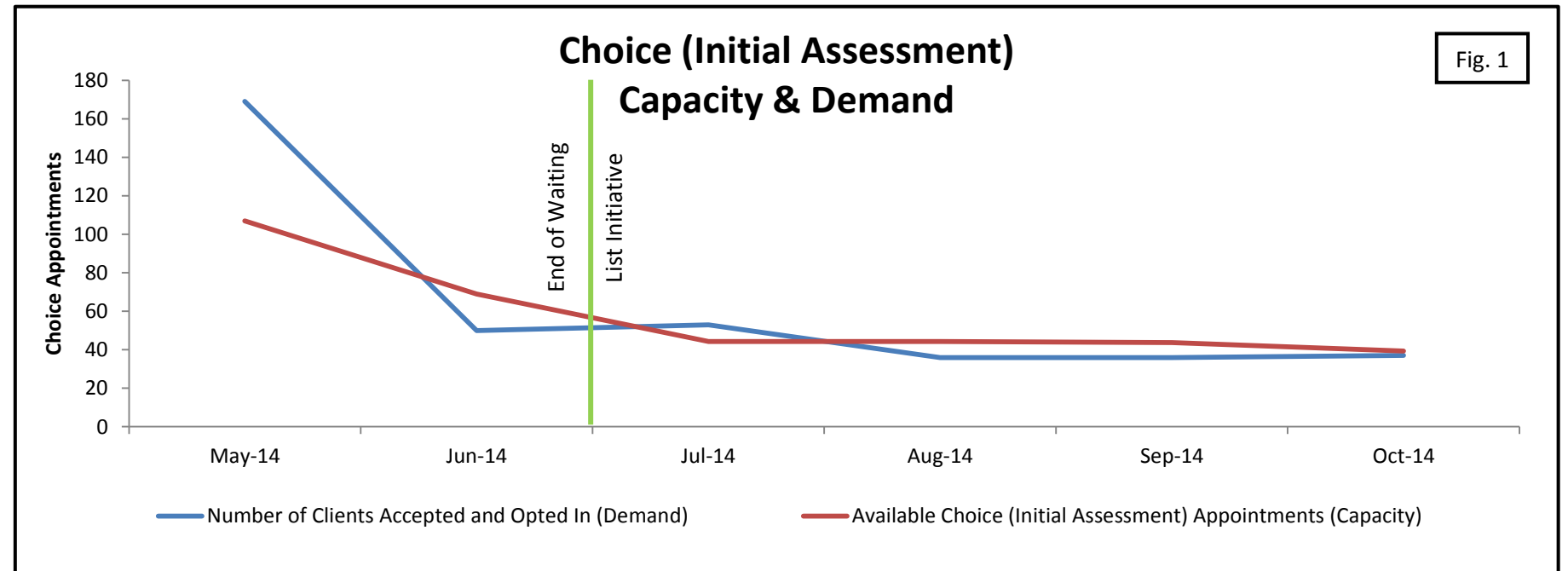


# Choice & Partnership Approach (CAPA) in Greenwich CAMHS: Transparent Analysis of the Service

*The First Six Months (May to October 2014)*

## Choice and Partnership Approach (CAPA)

The CAMHS Greenwich Generic service is pleased to introduce CAPA, a methodology that improves the choices and facilitates greater partnership working with the families we see. CAPA allows for more transparent and organised management of referrals. It provides patients, carers, family members and referrers with efficient and effective engagement and a clear pathway through the service.



## Capacity and Demand

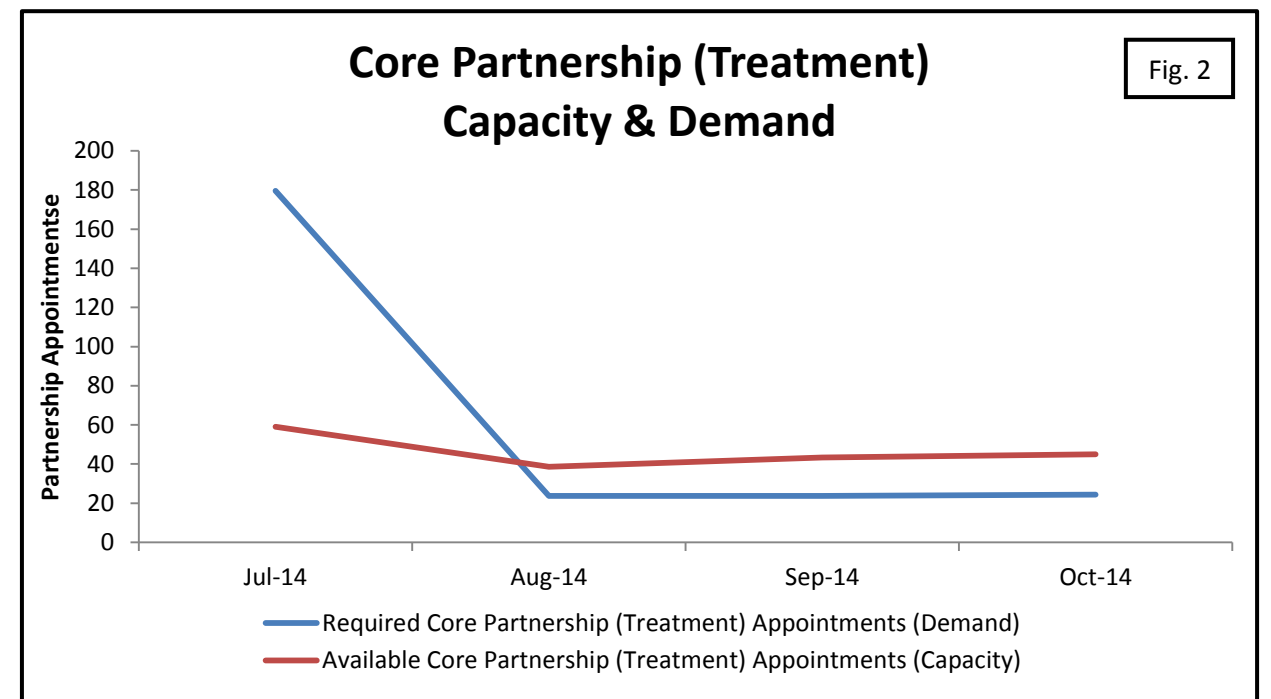
Figs. 1 & 2 demonstrate Greenwich CAMHS Generic Team's appointment capacity and service demand. With planned resource management and good data the CAPA model enables flexible and optimal resource allocation. The model also allows the effect of staffing levels and referral volume to be clearly mapped in Choice (assessment) and Partnership (treatment) allocation.

Note the capacity lines in figs. 1 & 2 do not account for the effect of DNAs, short notice cancellations, and staff absence along with other minor drains on capacity. The capacity lines represent the team's maximum or notional capacity without the effects of these issues being taken into account.

Also note that the demand line for fig. 2 is an estimate based on the conversion rate of families from choice to partnership. Fig. 5 shows that the rate up to this point is 66% which mirrors the estimate of "66% - 70%"<sup>1</sup> given by the creators of the CAPA model. Therefore the demand line in fig. 2 is simply 66% of the corresponding data point in fig. 1. The exception to this is the July data point in fig. 2 which uses the same methodology, but is the cumulative total for the May to July choice appointments as new core partnership work commenced in July.

<sup>1</sup> Ann York and Steve Kingsbury, *CAPA The Choice & Partnership Approach*, 2<sup>nd</sup> ed, Exeter: Short Run Press, 2007, p104

## Core Partnership (Treatment) Capacity & Demand

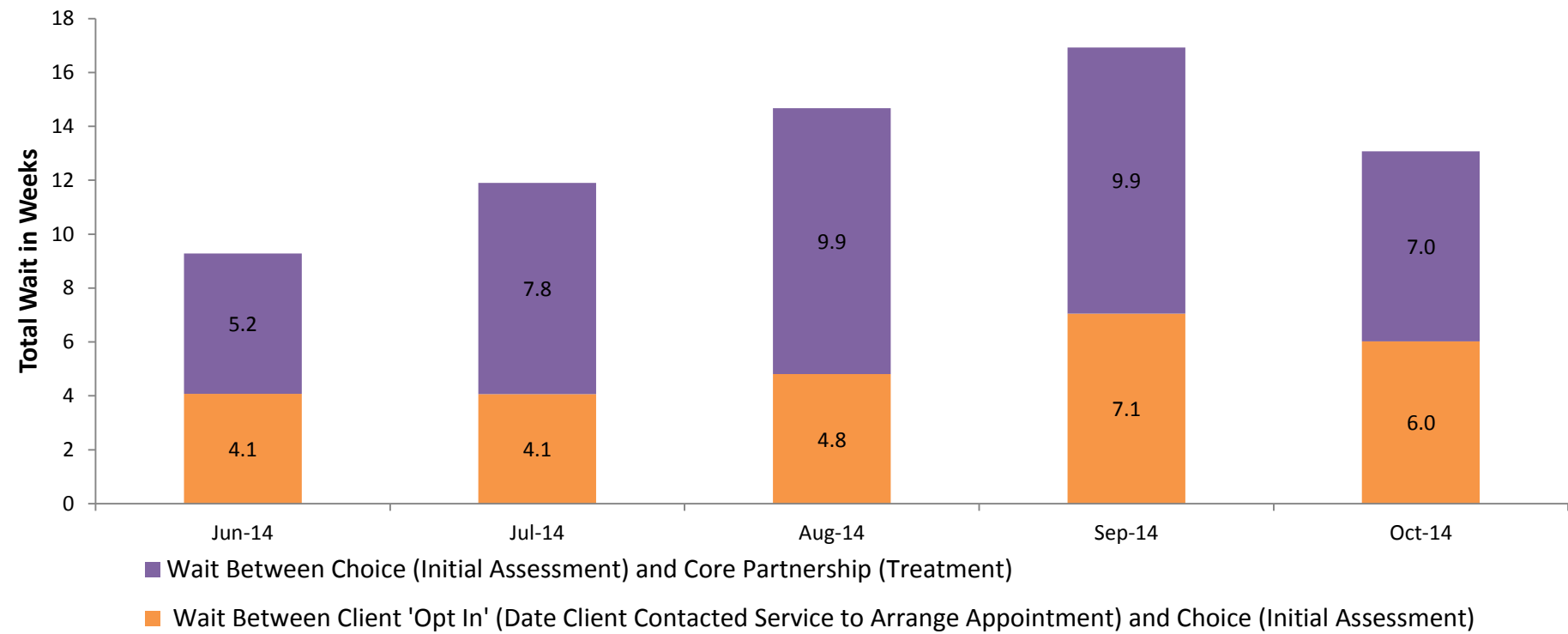


### Waiting Times

In the CAPA model clinicians have agreed 'job plans' that maximise their clinical capacity and determine the number of appointments they are expected to offer in a given period. CAPA enables clear measurement and definition of both individual clinician and overall team capacity, enabling informed mapping of future activity. The model provides flexibility of capacity to match demand, and optimal resource allocation. For example, August and September's increases demonstrate the delayed effect of reducing a large waiting list and smaller clinical capacity (staff leaving the team).

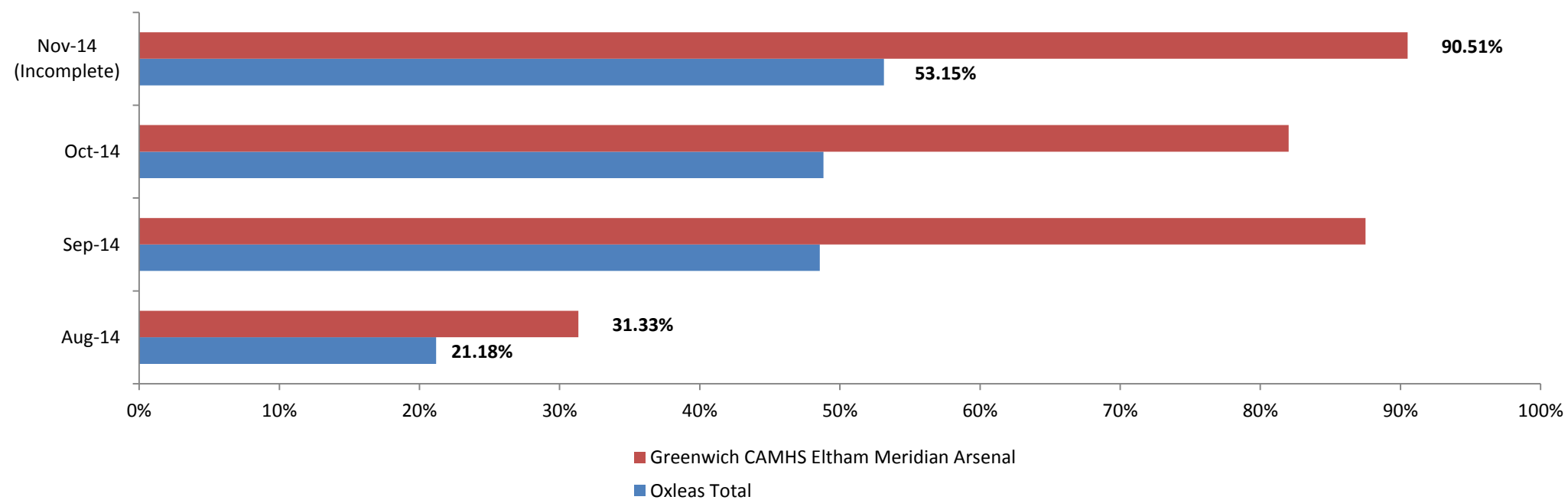
### Transparent & Measurable Waiting Times

Fig. 3



### Goal Based Outcomes CQUIN: Percentage of Young People With Complete and Recorded Goals on RiO

Fig. 4



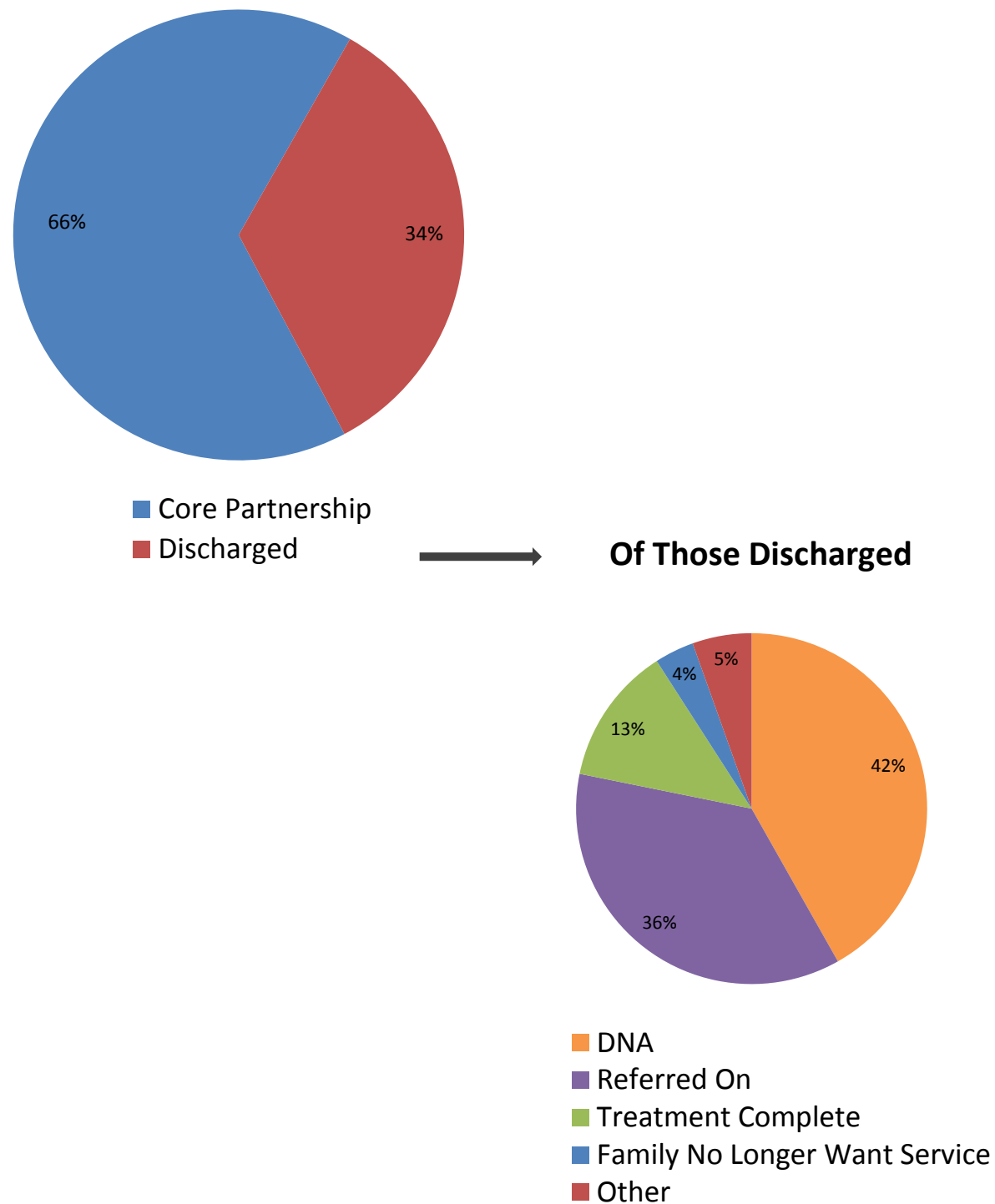
### Goal Based Outcomes

Setting agreed goals with families is an intrinsic element of CAPA Choice appointments and reflected in Trust CQUIN data. Commencing in April 2014, the CQUIN has required targeted increases each quarter from 20% to 80% for recorded GBOs by the final quarter. By embedding this collaborative and focussed approach through CAPA the Greenwich Generic Team has surpassed the CQUIN targets at each quarter, performing at a significantly higher level than other teams within Oxleas CAMHS, consistently reaching 80% compliance.

Fig. 5

# Final Outcome of Choice Process

May to October 2014



## Choice Outcomes

All choice appointment outcomes are tracked by the team allowing a detailed understanding of the families' journey through the service.

Discharge post Choice appointment (initial assessment) remains stable at approximately 34% enabling us to plan Core Partnership (treatment) capacity to demand.

Families book a convenient Choice appointment and then receive a phone call or text reminder the Friday before their appointment. As a result of these reminders DNA rates have significantly reduced.

## Sources & Credits

Information collected by the Greenwich CAMHS Generic Service, supporting information also provided by informatics with help from Gordon Glen (Clinical Quality & Audit Manager [C&YP]).

Information analysed and presented by Mark Perry (Team Manager), Dr Shahana Hussain (Consultant Psychiatrist), and Ryan Lord (CAPA Administrator).

## Further Information

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