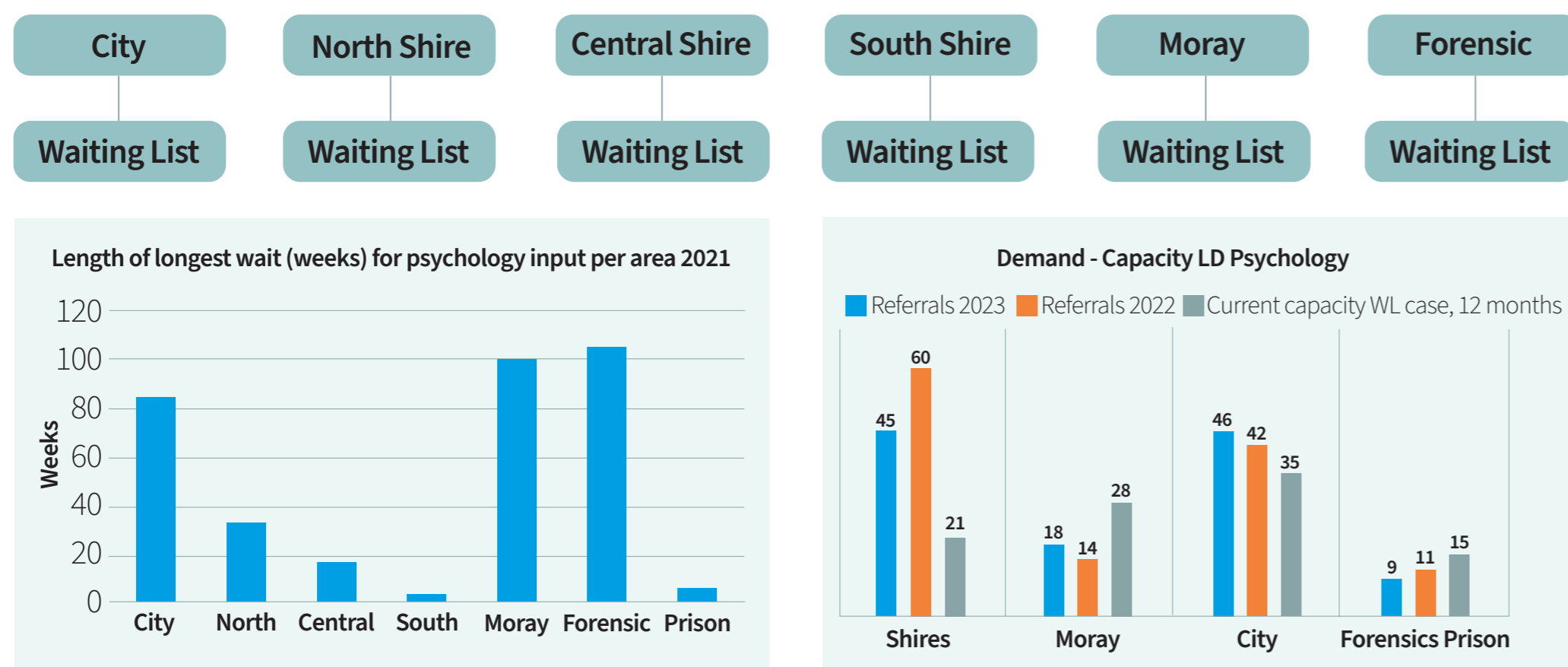


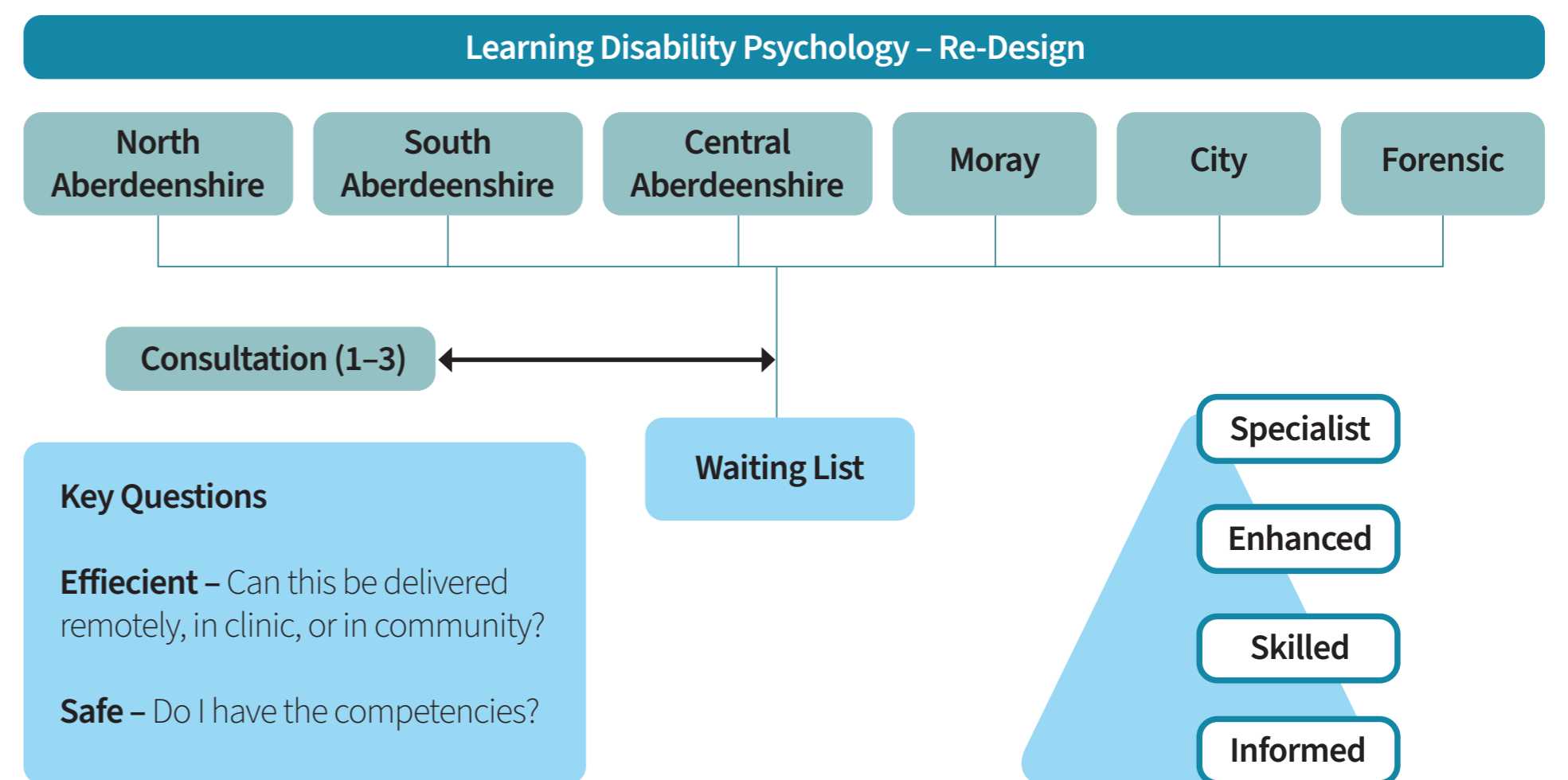
Learning Disability Clinical Psychology Re-design Test of Change

Learning Disability Psychology - Original Model



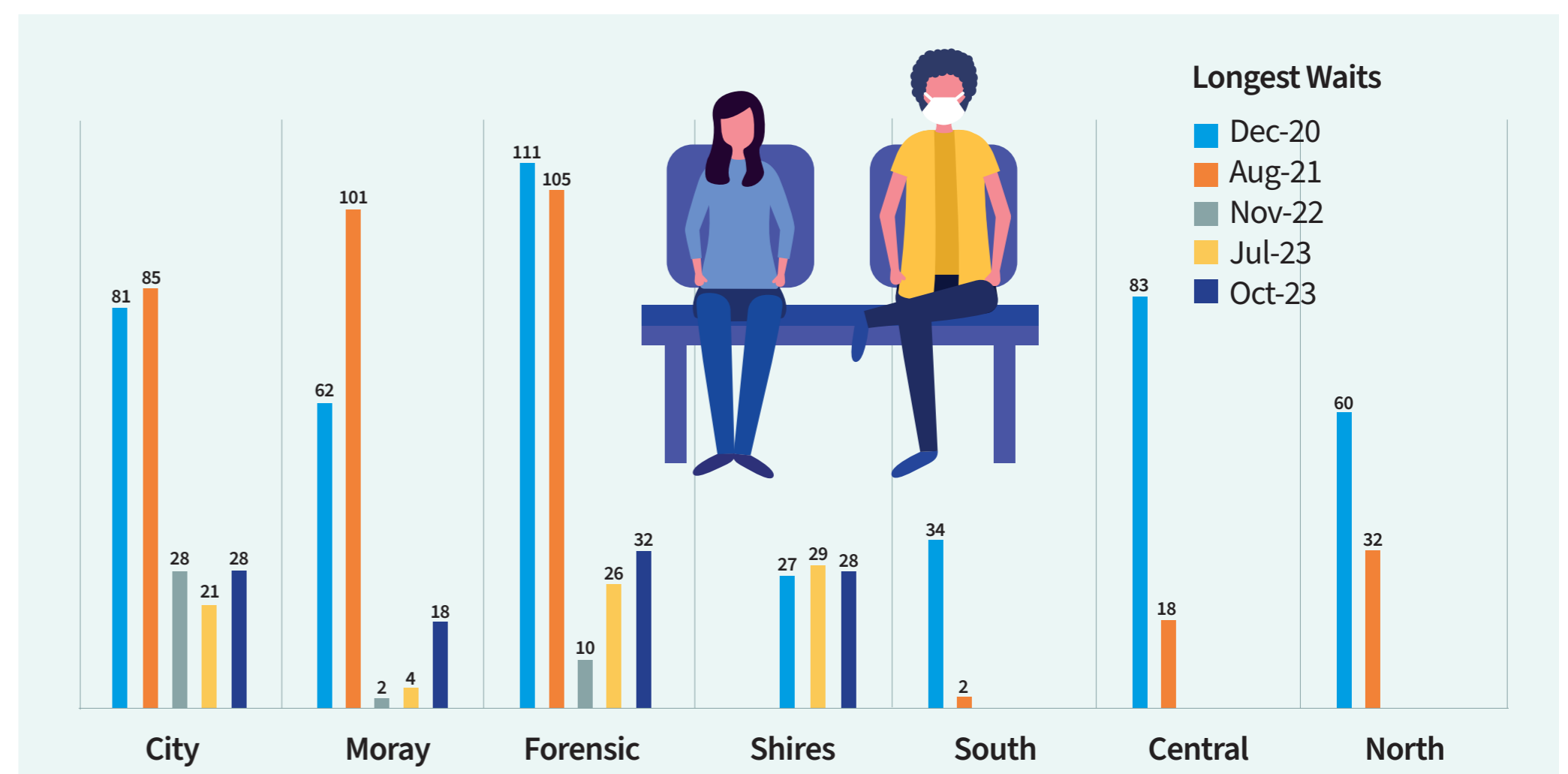
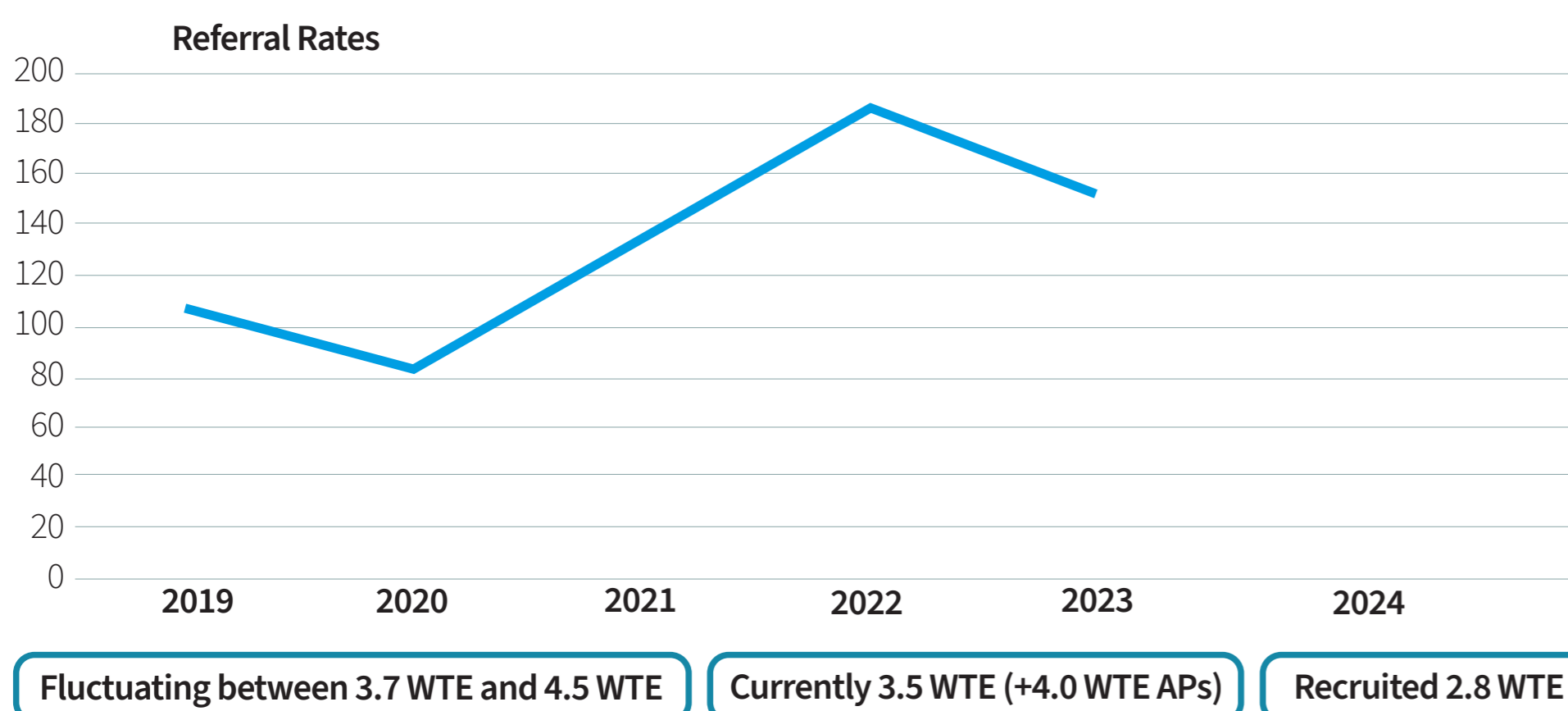
- Creating capacity for those most in need when it is needed → 0.1 wte Band 8B/C for consultation
- Creating capacity for all clinical and non-clinical roles → Job planning
- Clear priorities of care for MDT pathways → Professional Lead / Team Manager Workplan
- Equitable access to stepped / matched psychological care and practice → Programme of service development
- Ensuring right professional provides the right input at the right time → Weekly Team triage
- Psychologists embedded within each CLDTs / efficient use of resource → Key / Link Psychologists for teams Remote - Clinic - Community

Aim to create and test a sustainable model of service deliver to allow more timely access to specialist LD psychological care; reducing health inequalities



Results

Referral Rates and Staffing



Really helpful to have a CP attend weekly MDT

Greater experience and further MDT working across Grampian

More consistency in terms of known psychology contact for team

Improvement in waiting times has meant earlier involvement of psychology in patient care

Very positive change, people are being seen within an equitable timeframe rather than distinct areas having larger waiting times

Involvement in the PBS meetings has helped my understanding of the psychology role. Roll out across all Grampian

Service delivery times have been shorter...less stressed about waiting lists

I think its good to see innovative practice and gives other professional groups inspiration to model services in the best way we can within current resources

Psychologists seem more desk based and administrative, many more referrals uneventuated

Test of change has positioned psychology MDT in a more consultative role

No improvement, more the opposite

It has othered them from th MDT but expect more. The consultation model is at times patronising, hurried and unsupportive

Processes and workflows are not person-centred, which leads to people that have no understanding, not always getting best outcomes

Psychology resource in my area has decreased, unclear who we would contact. Processes and outcomes do not appear to be person-centred

Each area should have their own point of contact, that can be present and do face to face when needed

I do not see any improvement for service users

Opportunities

- Allocation of resource to need and risk
- MDT triage of referrals - right person, right time
- Early intervention and prevention

Challenges

- Stepping up - priorities of care
- Team engagement/ managing current tensions
- Developing further QI/alignment to national PT service specification standards

Faith to integration - individual priorities vs service level specification