Case Study: NHS Forth Valley

Background

The heart failure service in NHS Forth Valley has four/five HF nurses (3.3WTE) who manage patients with LVSD and symptomatic HF. There are approximately 300 patients managed by the service each year with circa 140 patients per caseload. Historically, the service has not had direct access to clinical psychology.

What we did: *Created a clinical pathway*

Clinical pathways are systems designed to improve the overall quality of healthcare by standardising the care process. Examination of the clinical pathway in Forth Valley revealed no direct route for people with HF to receive psychological support. It also revealed a lack of knowledge in the service about local resources and services. This mapping exercise highlighted gaps and allowed explicit links to be made with local services. A clinical pathway was created for psychological care in HF that can be adapted to the needs and design of services across Scotland.

What we did: *Developed and delivered training*

HF nurses needs and preferences were examined using a tailored questionnaire. All HF nurses completed Emotion Matters, an online training package, to increase understanding and awareness of the psychosocial implications of living with a long-term condition as well as providing some skills to enable holistic, collaborative and person centred care. Thereafter a bespoke training package was developed to address the main knowledge and skills gaps. This training was developed partly using selected materials from the NES Developing Practice training package. All HF nurses in the area attended this training. Evaluations showed an increase in subjective knowledge and skills, and high levels of satisfaction with the training.

What we did: *Embedded systems for monitoring and documenting psychological wellbeing into existing*

documentation

HF nurses were trained to use a screening measure (PHQ-4) to increase the number of HF patients recognised as depressed or anxious. This ultra-brief four item screening measure was integrated into the HF paperwork that is used at every patient contact, initiating a 'forcing function'. This paperwork is contained within patient notes and stored thereafter, thus improving documentation of patient's psychological status and care provided. HF nurses also received training to recognise and manage suicidal risk in their patients. The HF nurses used this consistently at every contact with every patient as appropriate from August 2015 onwards. Over 500 PHQ-4 measures were administered. Further risk assessment was conducted in approximately 20% of cases; only five cases required liaison or consultation with general practice or mental health.

What we did: *Ensured adequate professional support*

A weekly case consultation meeting was established, providing a space for HF nurses to bring difficult cases to reflect and brainstorm, but also to allow reinforcement of progress. These meetings facilitated the self-correcting nature of the stepped care model, allowing space for patients to be stepped up or down as necessary. A resource toolkit was developed to facilitate level one and two of the stepped care model, incorporating local and national resources and services. The increase in HF nurses skills in screening, assessment, signposting, and delivering low level interventions represented level one and two of the stepped care model. Clinical psychology outpatient clinics were established, to represent level three of the stepped care model.

What has changed?

All the steps described above led to a significant increase in use of a psychological screening tool. There was 100% use of the new paperwork to facilitate the use of the tool, and allow ongoing monitoring and future audit. As a result, there was a significant increase in both the recognition and documentation of distress thereby increasing access to psychological therapy.