

WMER

QI 1189 Delivering Family Intervention (FI) Across Early Intervention in Psychosis Service

Item Type	Internal Poster
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Citation	Warr, Louise. QI 1189 Delivering Family Intervention (FI) Across Early Intervention in Psychosis Service. Coventry and Warwickshire Partnership NHS Trust, 2024.
Publisher	Coventry and Warwickshire Partnership NHS Trust
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Download date	2026-03-10 02:46:21
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Link to Item	http://hdl.handle.net/20.500.14200/7170

QI-1189 Delivering Family Intervention (FI) Across Early Intervention in Psychosis Service

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December 2024



Project Aim: To increase the number of families being offered FI by **30%** & to increase the number of families receiving FI by **30%** across the Early Intervention Service.

Summary:

Family Intervention (FI) is an intervention that NICE state should be offered to all families on the Early Intervention (EI) caseload. CWPT's offer of FI is BFT. The National Clinical Audit of Psychosis (NCAP) measures how well each service delivers this, historically we have scored poorly in comparison to other Trusts. We have previously trained staff in BFT, expected them to deliver this as part of their role, offered ad hoc supervision, put BFT leads into teams, and told staff they needed to provide BFT. These approaches did not improve our score. Using the learning from the North Warwickshire QI project which improved the uptake of BFT, a different approach has been tried. There is now a dedicated FI team and Clinical Lead. They have used QI methodology to understand where the barriers are for delivering BFT, used this information to create different approaches to deliver, worked with staff to challenge professional bias and change to the culture around FI and carers support. Numbers of families being offered BFT has increased across all the service but the number of families receiving BFT has not significantly increased. When it is being declined it is the families making an informed choice rather than staff making the decision on their behalf. The feedback is that BFT is being offered too early (within 12 weeks) therefore this is now being offered again later.

Change Ideas:

- Developed a FI leaflet
- Looked at what works and what doesn't
- Started a Carer Peer Support Group
- Networked with other Trusts for lessons learned
- Attended Clinical Reviews at 3 months & 12 months to identify families
- Set up regular supervision in each EI team
- Changed the language from "therapy" to "carers support"
- Implemented carers pathway with clear processes
- Extending offer of FI to Carer Focused Education, carer peer support & signposting to counselling
- All families are offered FI including BFT in the first 12 weeks, enabled to make an informed choice
- Offering a bespoke BFT package to meet the needs of the family
- Teaching sessions to help increase confidence in the sell of BFT, including providing a crib sheet
- FI integrated into all localities
- Presentations to students/new starters as part of EI induction.
- Listened to what carers say (don't want BFT in the first 3 months but need information & support)
- Starting co-production with carers
- Process implemented for identifying all carers.



QI Tools Used:

- Driver diagram
- SPC charts
- PDSA cycles
- Questionnaires & feedback



Barriers to Delivery:

- No process for BFT referrals.
- Unclear how to identify families.
- Staff don't have time.
- Staff don't feel confident to offer BFT.
- Training staff did not work.
- Reliance on Care Coordinator referrals.
- Professional bias that family don't need FI.
- BFT is a big commitment for staff and families.



Outcomes Achieved:

★ Families making informed choices to accept/decline

"Calmer and a sense of security"

Carer Feedback

"Improved family relationships & communication"

★ 50% increase in families receiving BFT in the South

"Feeling like I'm not the only one going through this"

★ Clear process for FI

"Better understanding of my situation"

