Table 6- Full list of Gaps in Care and change ideas

Area of Improvement		Gaps in Care	Source of information that supported the identification of this gap in care	Change Ideas
Patient Pathway	**Transitioning from CAMHS to Adult Services**	Transition from CAMHS to Adult services requires improvement	FG	Create a Transition Management Programme
	Assessment and Triage	Inconsistency in timing of an assessment	FG, PM	-Develop an integrated specialist PD assessment available from first point of contact, with trained assessors and clear triage criteria for different treatment options. This would encourage a whole systems view on the available options and more intelligence on where to refer patients depending on their level of need. -Policy to develop positive risk taking
		Assessment and triage are risk based not needs based	FG	
		Staff lack awareness of all treatment options	PM, FG	
		Lack of system for choosing the appropriate treatment pathway	PM, FG	
	Care Planning	Lack of carer engagement in care planning	FG	Integrate care planning with external agencies and families/carers if appropriate.
		Lack of integration of care planning across primary care and different agencies (third sector)	FG	
	Evidence-based treatments across the system	Need to improve availability of a range of evidence-based treatments, that can be accessed by all teams	PM, FG, QD	-Recruit specialists that offer a programme of group-based skills sessions to patients with PD in primary care and AMHTs

		Need to increase the availability of evidence-based treatments in primary and secondary care (including patients on waiting lists for therapy)	PM, QD	-Recruit and train individuals to deliver a range of evidence-based treatments for PD (E.g. SCM and DBT) - Policy to assist with prescribing medication for service users with PD -CNS and PT waiting list reduction initiative
		Need timely access to evidence based treatments, there are currently long waits for the CNS and Psychological Therapies service	FG, QD	
	Management of particular groups	Services struggle to care for patients that do not engage with talking therapy or adhere to care plan	FG	-Develop peer support worker roles to best support PD across services and structures -Develop a framework/service for caring and supporting patients with complex presentations which cannot be supported by the standard option
		Lack of a pathway for those with complex presentations	FG	
System-wide	**Shared conceptualisation of PD across the system/Joined up working**	Lack of consistent language in relation to PD used through the system	QD	Develop shared language for PD across the system, to best understand the range and extent of the service user's need
		Lack of supportive conversations/communication between services and transfer if needed, so need greater senior support for inter service working	FG	-Develop an accessible and responsive system to provide advice and guidance for services -Create a flexible system wide PD pathway
	Pathway through system	No clear pathway throughout the system for patients with PD	PM, QD	
	Awareness of splitting	Awareness that patients with PD view different staff members as either positive or negative	FG	Training on PD across the system, including training on splitting
	Staff competency and knowledge of PD	Staff need more of an understanding on how to care for those with PD as many staff feel ill-equipped/under trained	FG	
	Staff support	Many staff feel under supported in regard to caring for patients with PD	FG	-Prioritised and protected system wide integrated clinical supervision structure for all staff caring for those with PD

				-Anti-burnout plan that reflects work demands, which includes protected supervision time and reflective space
	Accepting PD as a core business of the Trust	No ownership/responsibility of PD care throughout the system and no identifiable leadership structure for PD care	QD	Identifiable system wide leadership structure, with defined roles and responsibilities; providing oversight of developments, supports risk taking and provides ownership of PD care
	Valuing expertise	Need greater utilisation and availability of expertise to support complex cases	QD	Provision of a tiered approach for support with complex cases (includes professional meetings and complex case panels), open to all services across the system, including outside agencies e.g. social work.
		Lack of specialist PD roles throughout the system	FG	Increased staffing levels with clear expectations of the role
	Greater support for carers	Carers need greater support throughout the system	FG	Improve provision for and accessibility of carer groups (Psychoeducation or skills-based groups)

**Note.* PM= Process Mapping, FG= Focus Group, QD= Quantitative Data