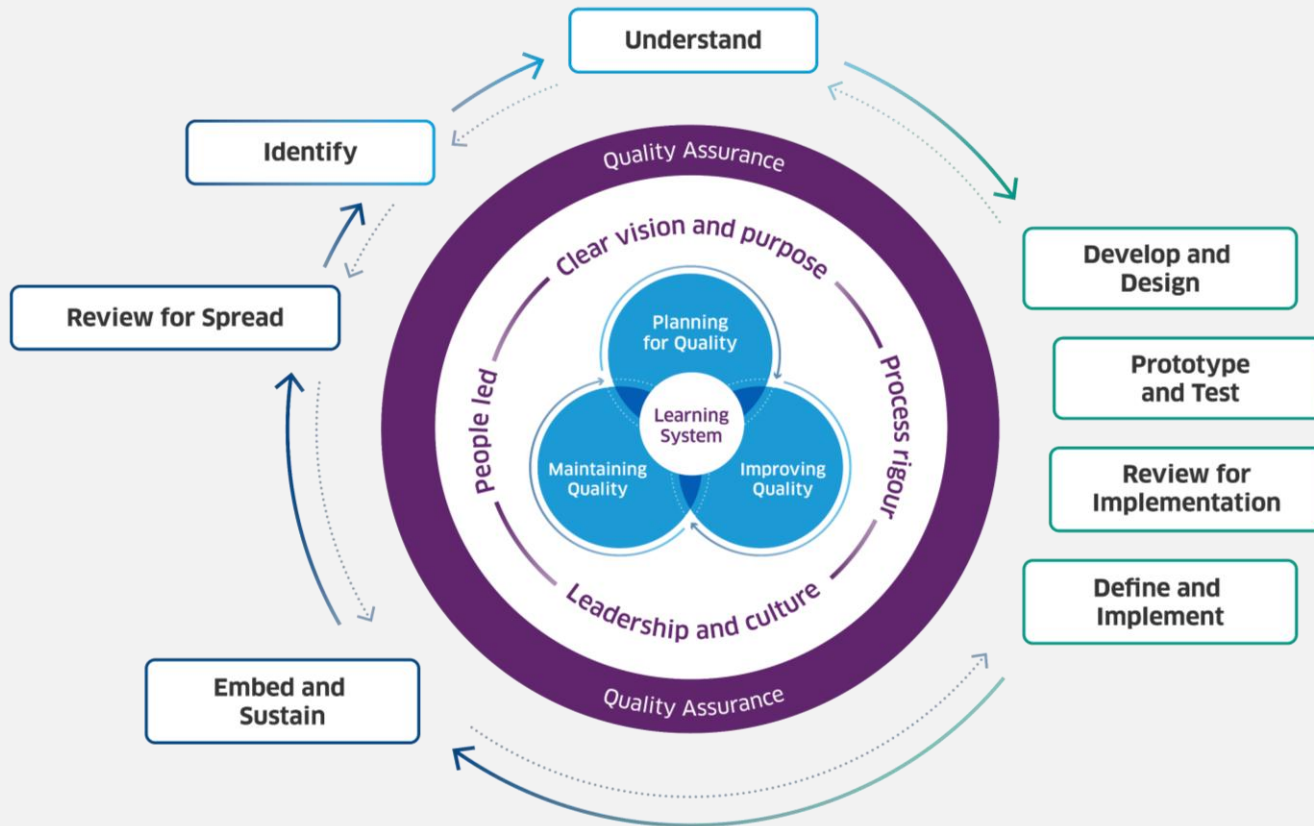


Scottish Approach to Change

Case Study: Early Intervention in Psychosis

July 2025

The Scottish Approach to Change



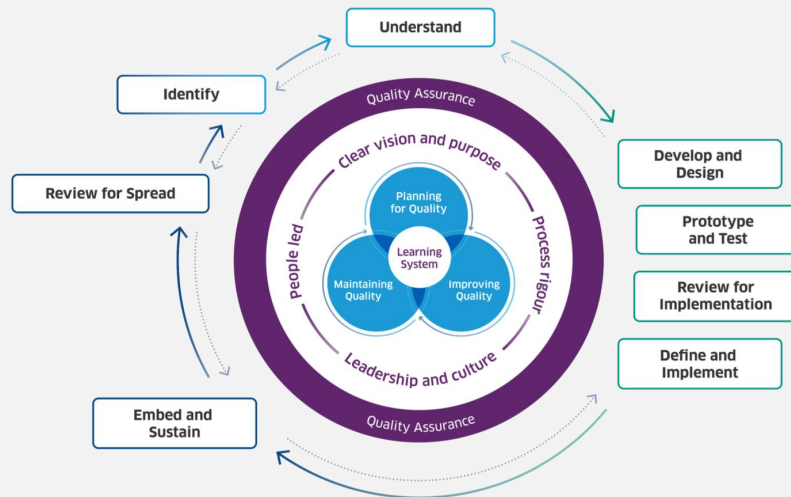
The Scottish Approach to Change includes two aspects:

- the **Steps of Change** – which outline the process that should be undertaken when delivering change, and
- the **Enablers for Change** – the other aspects that are essential to enabling successful change.

The Scottish Approach to Change is integrated with the HIS Quality Management System Framework. It explains how to use a quality management system approach through a change process.

Early Intervention in Psychosis

This Case Study outlines how the Scottish Approach to Change has been used by the **Early Intervention in Psychosis** programme, showing how the steps of change and the enablers of change have been used in practice to deliver change.



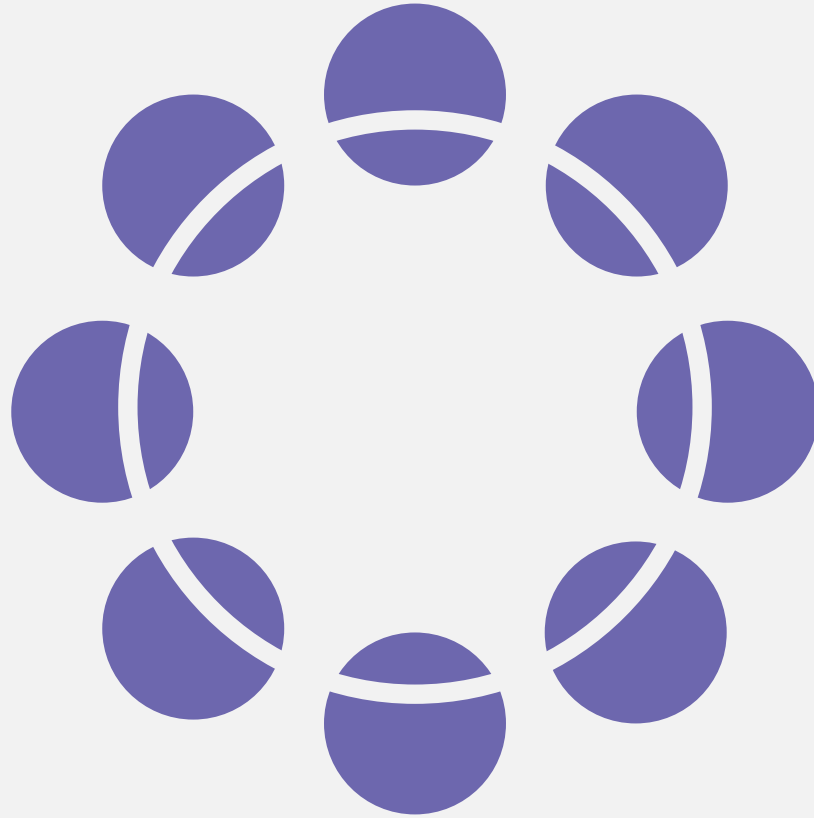
The Early Intervention in Psychosis (EIP) programme is:

Working with people with lived experience of psychosis, their families and carers alongside Scottish Government and NHS board pathfinder sites to **prototype and test new mental health services for people experiencing a first episode of psychosis**, delivering improvements that mean they:

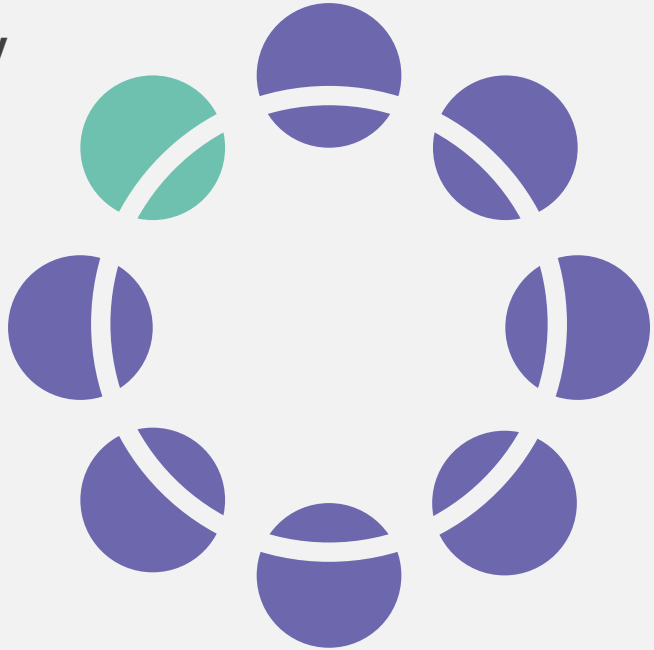
- can quickly and easily access services
- experience evidence based person-centred care and treatment, and
- have an increased likelihood of getting well and staying well.

The Steps of Change

How did they make the change?

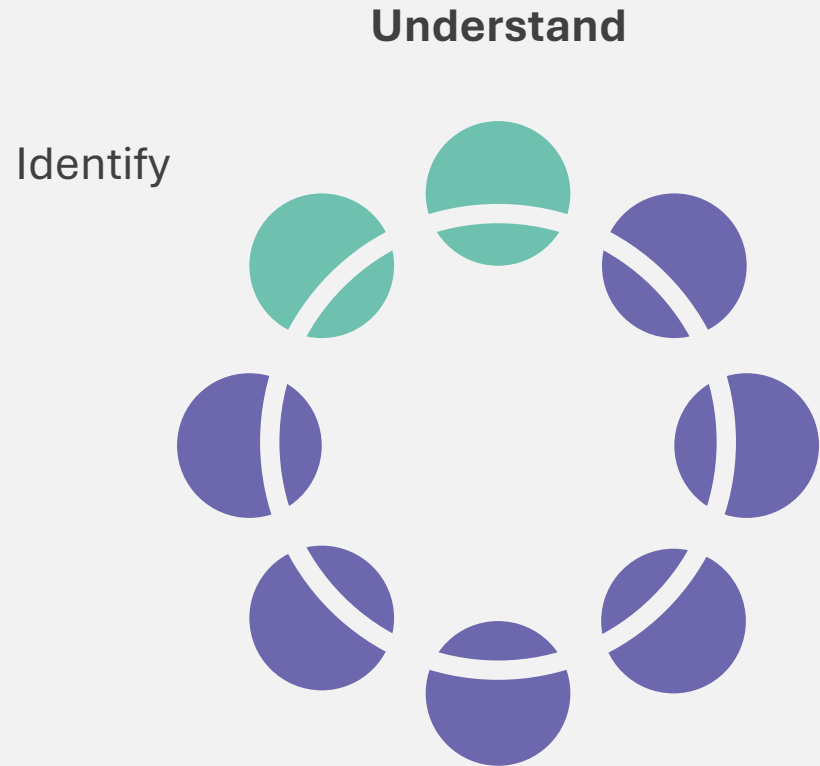


Identify



Phase 1 of the EIP programme included identifying the problem:

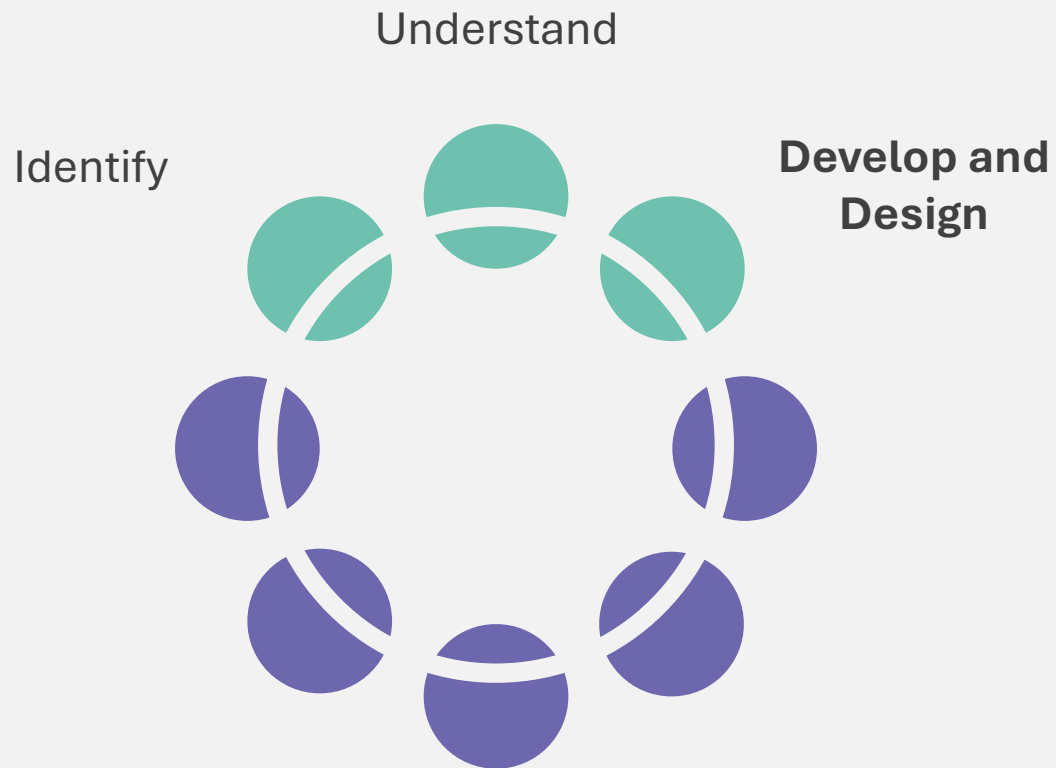
- Around 1,600 people in Scotland experience a first episode of psychosis each year. There is **significant variation in the provision of care and treatment** for people with first episode psychosis across Scotland.
- Intervening early with the right set of approaches delivered in the right way leads to significantly improved outcomes for people. Most services are **not consistently delivering all the core components of EIP.**



Phase 1 of the EIP programme has supported 'understand' step in the following ways.

- **Understanding the system** – only 20% of people in Scotland had access to an EIP service.
- **Understanding the impact on people** –without access to an EIP service there is:
 - increased risk of long term mental ill health
 - increased risk of suicide
 - repeated admissions to hospital
 - reduced life expectancy by 20 years
 - increased likelihood of unemployment
 - increased likelihood of leaving education, and
 - family distress and burden.
- **Understanding the evidence base** – there are significantly improved outcomes for people where they have access to an EIP service.
- **Understanding what needed to change** –based on the experience of people who need, use, deliver and support services.

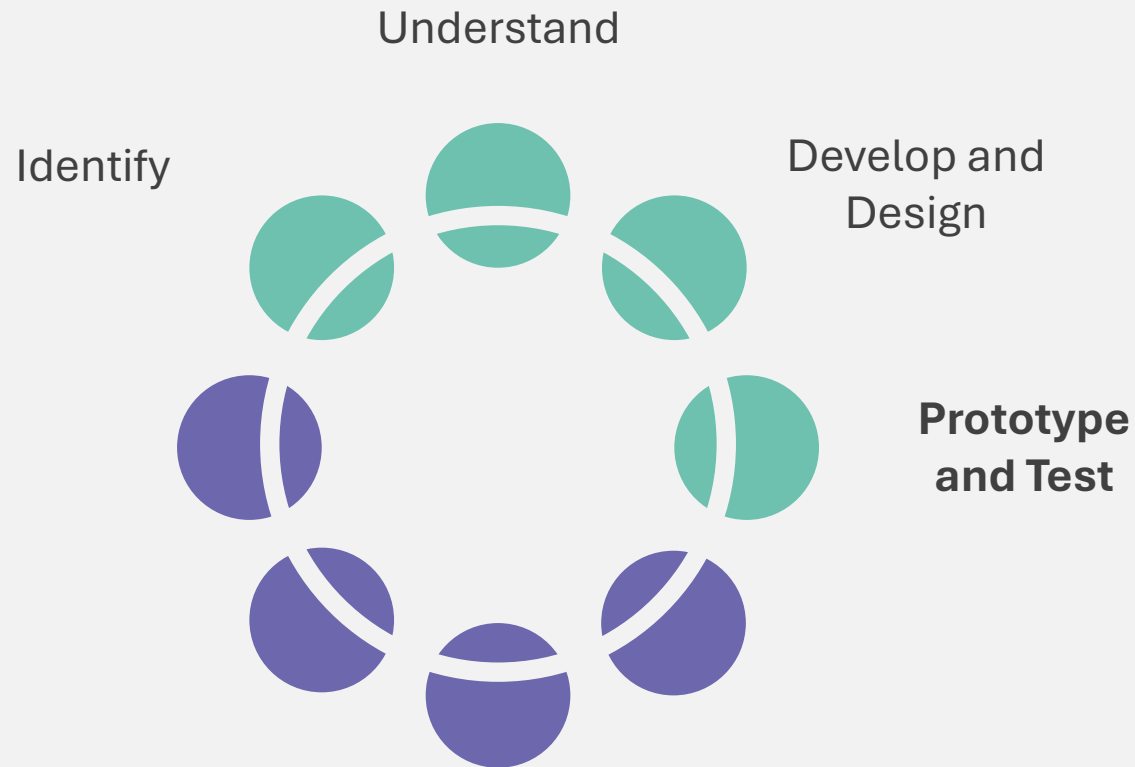
This understanding was achieved through undertaking a national **strategic needs assessment**.



Phase 2 of the EIP programme:

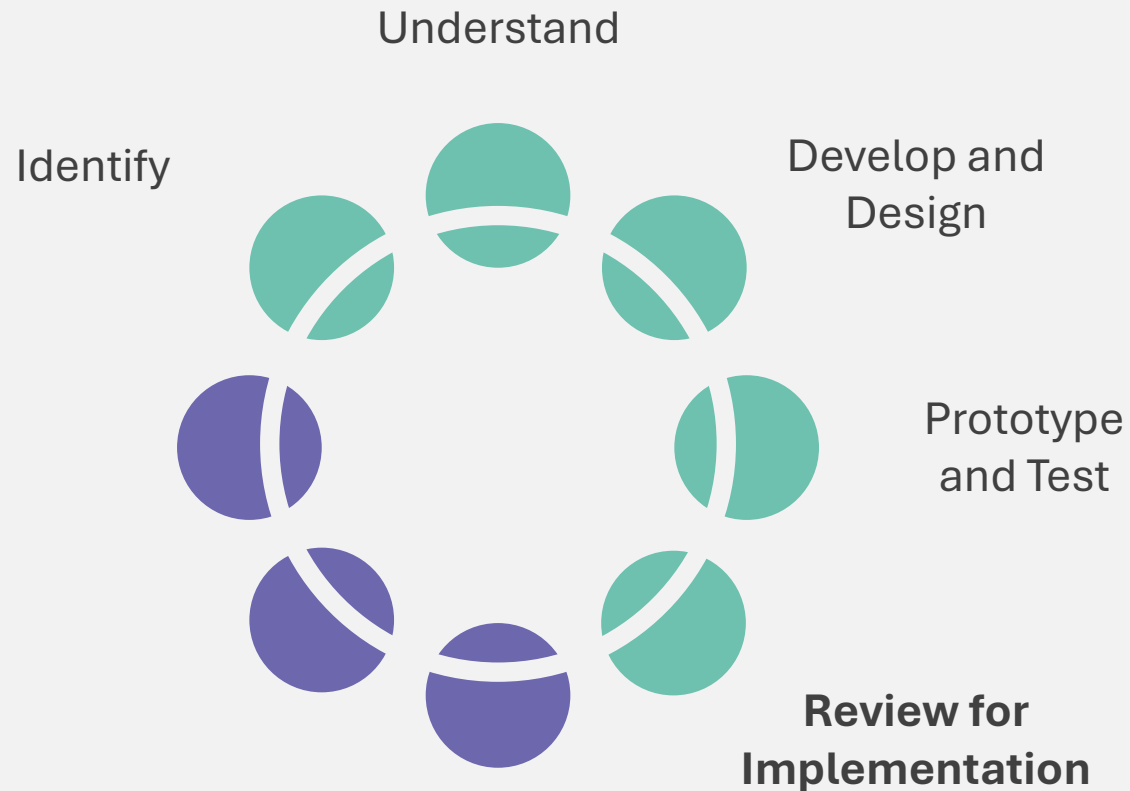
- **Built on the understanding from phase 1** – how do services need to change? what are the training needs? how might we meet people’s needs?
- **Used service design approaches** to ensure that the right changes were designed and that they were designed in the right way.
- **Considered the needs of rural and semi-rural areas** in Scotland to ensure that the EIP model could work in these contexts.

This was based on an understanding that to make sustainable change happen it needs to be developed and designed well.



Phase 2 of the EIP programme prototyped and tested two EIP services in Tayside and Dumfries & Galloway over a two-year period.

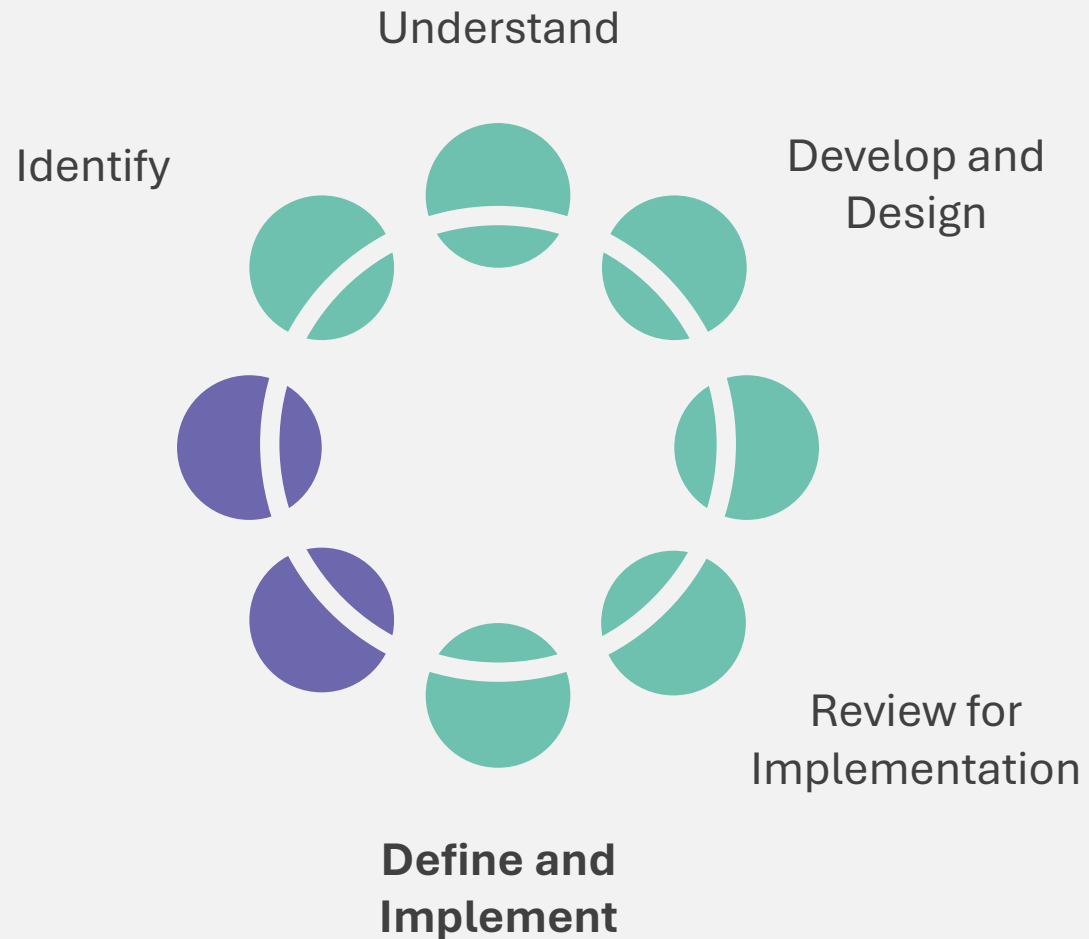
- **Prototyping and testing took account of contextual factors** such as:
 - the ongoing impact of Covid-19 on mental health services
 - more first presentations to mental health services
 - increased numbers of people being acutely unwell upon presentation, and
 - workforce pressures.
- **Engaged with strategy and planning teams** in the development of the new EIP services.
- **Used quality improvement methods** to ensure process rigour throughout testing.



The EIP services that had been developed, designed, prototyped, and tested were **reviewed for implementation**, including:

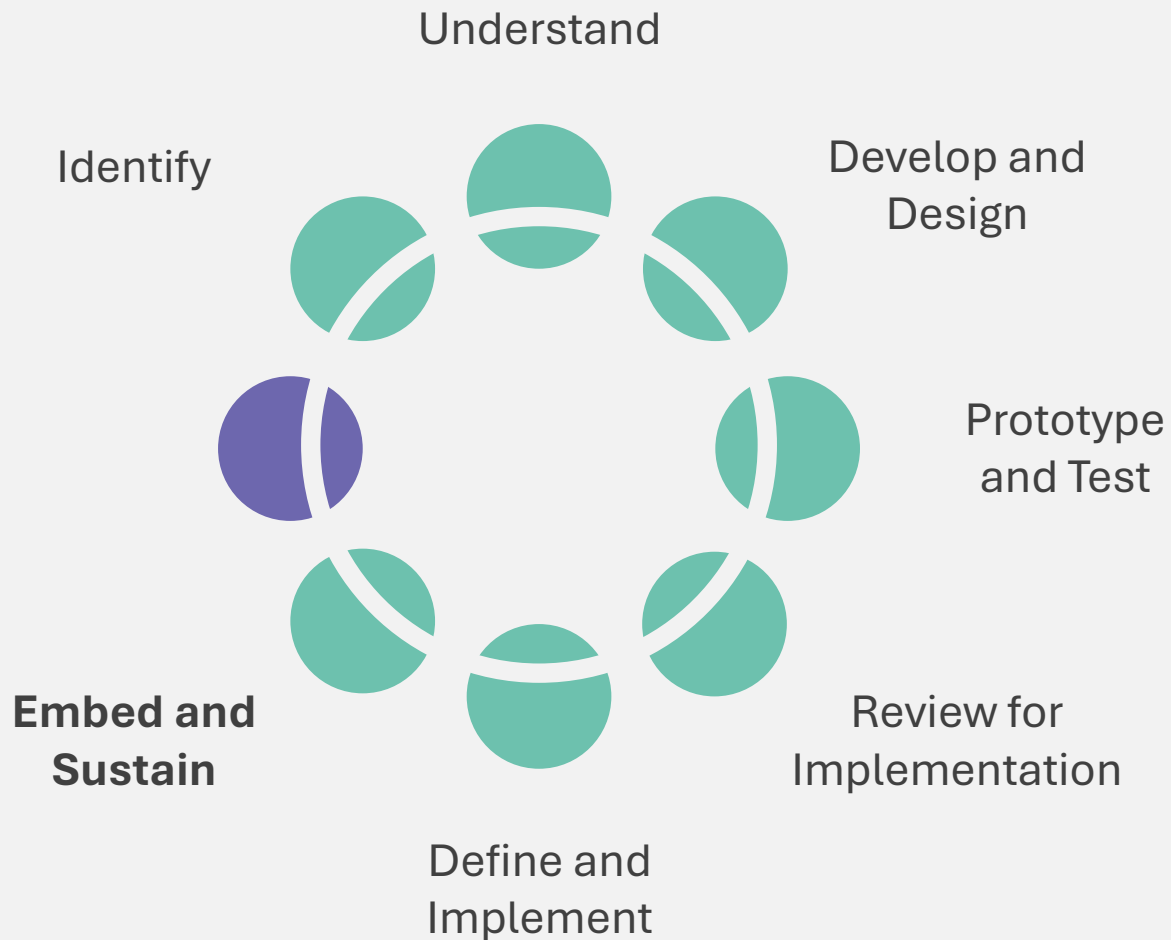
- how are the new EIP services operating?
- how are the new EIP services making a difference to people who need and use services in Tayside and Dumfries & Galloway?
- how are we learning from other EIP services e.g. in Greater Glasgow & Clyde?
- how are we ensuring that services are developing in line with the evidence base?
- how are we ensuring that services are meeting local needs?

The implementation review process considered qualitative feedback alongside quantitative data to understand the impact of the change.



Within the EIP programme the **implementation of the new EIP services by pathfinder sites was an ongoing and iterative process** of prototyping, testing, and review for implementation over 18-24 months. This has included:

- **Being creative about workforce gaps and challenges** – due a shortage of psychiatrists across Scotland, EIP teams have needed to be flexible, for example becoming psychology-led and finding alternative sources of prescribing advice.
- **Ensuring staff have access to appropriate training** was curial in being able to deliver high quality interventions that have fidelity to the EIP model. We worked with NHS Education for Scotland to develop an e-learning module.



Phase 2 of the EIP programme **developed an implementation guide** based on the learning from phases 1 and 2.

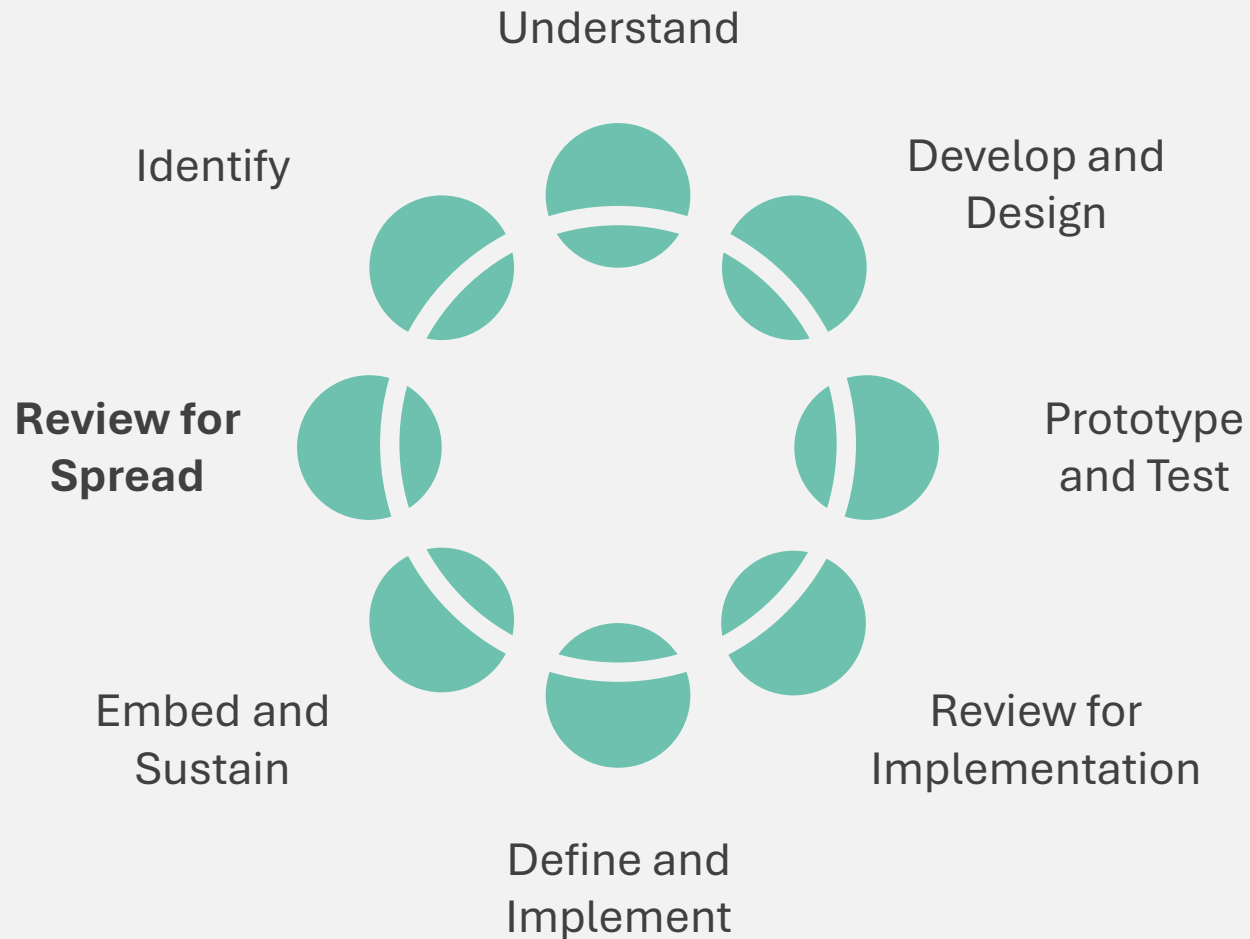
Phase 3 has focused on supporting pathfinder sites to embed and sustain their EIP services. This has included use of the implementation guide to enable local areas to **maintain fidelity to the EIP model**.

The following are crucial to ensuring that EIP services are sustained:

- **mainstreaming funding** for the for the EIP service into the core budget. This will require approval of a business case through local governance structures, and
- ensuring ongoing support for the EIP service within **local strategic plans**.

EIP services are being sustained in both pathfinder sites:

- Tayside is looking at how to have an EIP service across their board area, not only in one locality, and
- Dumfries & Galloway has a full EIP service.



Phase 3 of the EIP programme is:

- **Testing the implementation guide** to understand how the learning can be shared and spread across other areas in Scotland. The implementation guide enables development of an EIP service which maintains fidelity to the EIP model, without requiring direct support from Healthcare Improvement Scotland.

The EIP pathfinder site with more than one HSCP is considering how the EIP model might be spread to other areas.

The 'review for spread' step will initiate a new change cycle to 'understand' how to adapt the model for other local contexts and challenges.

Process rigour

People led

Leadership and culture

Clear vision and purpose

The Enablers for Change

Why did it work?

Process rigour

People led

Leadership and culture

Clear vision and purpose is necessary to provide direction, motivation, and alignment for everyone involved, ensuring efforts are focused and effective.

- Within the EIP programme a **clear vision and purpose** (based on understanding the current situation in respect of outcomes for people and the system, and an evidence base showing that there is an opportunity to do things differently) drove the change and enabled buy-in.
- In addition to the national vision there was **local recognition**:
 - that people experiencing first episode psychosis are poorly served by mainstream community mental health services, and have poorer outcomes as a result of not having access to an EIP service
 - of the benefits of changing the model of support for people with first episode psychosis, and
 - of the need for a holistic, whole-person response – including support to stay in education, stay in work, and support for families.



Clear vision and purpose

Leadership, culture, and a whole system approach are key to ensuring changes are sustainable.

- Within the EIP programme **leadership and culture** were critical in driving the change forward including:
 - support from local leadership to enable **workforce capacity to be transferred** from mainstream mental health services to a new EIP service during a time with significant capacity challenges across the mental health system
 - acknowledgement at leadership level of the importance of **multidisciplinary team approach** to supporting an individual and their family
 - a **culture of improvement** and a commitment to improving things for people with the worst outcomes in mental health, and
 - a recognition that it is not only statutory services that can make a positive difference – **working in partnership with third sector organisations** is key.



A people led approach to change is crucial to ensuring the result of the change is also people led.

- The EIP programme ensured that the **voice of lived and living experience** was paramount throughout, recognising that the people who need and use services can tell us where change needs to happen. This included:
 - commissioning a third sector organisation to facilitate national engagement with people with lived and living experience of first episode psychosis
 - establishing a lived experience reference group to inform the development and delivery of the EIP programme
 - supporting local areas to involve service users in the development of EIP services, and
 - supporting local areas to utilise existing structures to ensure ongoing involvement and engagement with service users.



People led

Leadership and culture

Clear vision and purpose

Process rigour means deliberately and systematically going through a structured process to ensure high-quality and reliable outcomes are achieved.

The EIP programme had robust **programme management** in place to ensure:

- clearly defined aims and objectives
- achievable plans and timescales, and
- clearly identified deliverables.

The EIP programme also **used quality improvement methodologies** to ensure process rigour throughout the testing.

Specifically, support to local areas to **ensure process rigour** included:

- analysis of data pre and post the new EIP service being in place to understand the impact of the change in terms of engagement with and outcomes for people
- Clinical Lead coaching support to local clinical staff to ensuring fidelity to the EIP model and its parameters, and
- a structured and systematic approach to developing a new EIP service, e.g. consideration of which roles need to be recruited to first in the new model.



What outcomes have been achieved?

Access Data

- NHS Tayside have reduced the duration of untreated psychosis (DUP) from an average of 11 days to 2 days.
- NHS Dumfries & Galloway had a baseline median of 11 days, this increased to 85 days after accepting referrals from Child and Adolescent Mental Health Services (CAMHS) and other services. This has now returned to an average of 11 days.

Engagement Data

- Both NHS Tayside and NHS Dumfries & Galloway have maintained ongoing contact with 92% to 100% of their caseload every month.

NHS Tayside EIP Service Impact

- Referral to treatment time (RTT) – 98% within 14 days, 82% within 7 days.
- Duration of untreated psychosis – median is < 3 weeks.
- Potential bed saving cost – £535,148.
- Readmission rate – Connect EI < 23% and NHS Tayside 5-year average 47%.
- < 5% on compulsory treatment.
- Monthly engagement – 100%, 3% discharged due to non-engagement.
- 88% families engaged with care planning from the outset.
- 60% of people in work, education or volunteering from 6 months+.