DBT Service for GG&C

Narrative of 10 year Implementation

(described using Fixsen et al stages, 2005)

2014 - 2015

Exploration

Identify need, secure leadership, , decide on fit for organization

Our context

Severe patients and Extra Contractual Referrals significant cost for board – identified need for intensive evidence-based intervention;

Review of DBT's evidence base and fit – training and delivery of skills group in inpatient setting operationalized previously in South Sector (Leverndale)

2015

Installation

Identify funding, secure organizational commitment, recruit, plan evaluation

Our context

Board commitment to time limited funding; 18-month pilot, host sector (south) identified;

Clinical Lead recruited to lead on recruitment and implementation;

Evaluation considered;

Regular meetings with steering group as part of wider BPD pathway planning in board

2016-2019

Initial Implementation

Contain many changes in system, train and support clinicians, embed early stage of therapy offer

Our context

Many strategic and operational decisions required; embed development in existing MH structures;

Small motivated clinical team with clear service goals established;

Steering group remained very active with the shared decision making;

On-site DBT training to 15 staff;

Initial delivery of programme with small number of patients; thereafter 6 monthly extensions;

Measures and patient experience data collected

2020-2024

Full Implementation

'Do business', fidelity to model, report on evaluation

Our context

Adjustments to COVID, including digital delivery of programme; full programme delivery; organisational commitment to move from pilot to permanent service;

Permanent posts recruited; expansion to NE sector; relationships with 9 referring CMHTs; consultation role;

Post-grad training and Band 7 Job Description; establish DBT informed training;

Proposal for expansion based on positive evaluation

2024 onwards

Innovation

Stick to model but implement adjustments, introduced lived experience influence

Our context

Adaptations to referral criteria;

Pre-assessment periods with severe cases established;

Inpatient reach out; Out of area referrals;

Increase of referral with marked comorbidity, e.g. Eating Disorders, neurodiversity, addictions;

Graduate Group established; Peer worker positions recruited

2025 onwards

Sustainability

Invest in staff, influence organisation, secure further organizational commitment, quality improvement work based on evaluation

Our context

Turnover of staff successfully addressed; CPD planning;

Service embedded in existing structures; service influence culture in system;

Core activity remains delivery of full programme with complex case/consultation role

National benchmarking next step; continue to report on positive outcomes