

PDSA Cycle 1-Outreach**Aim:** what are you trying to accomplish?

Improve access for older adults to Richmond Wellbeing Service

Plan: what will your test be?

Meeting with tertiary organizations already working with older adults to promote our service to this age group.

Prediction: what do you think will happen as a result of your test?

We will receive referrals from other organization working with older people.

Do: what happened when you carried out your test?

We met with three organization (Age UK, Homelink and Older Adults CMHT). We did receive additional referrals. The meetings also clarified our intake criteria and led us to develop a new referral form upon request.

Study: how did the results of your test compare with predictions?

Our predictions were met in the sense that some additional referrals did come through as a result of these meetings. The meetings also led to some necessary clarifications with regards to our intake criteria and a new referral form.

Act: how will you change your previous test in light of what you have learned?

Specifically a new referral form to disseminate to services was designed and have been distributed.

PDSA Cycle 3 – Patient Choice**Aim:** what are you trying to accomplish?

To establish the views of present and past OA RWS service users in terms of their preference with regards to type of intervention, how it is delivered and how we could best increase access for them.

Plan: what will your test be?

Design, distribute a survey to present and past service users enquiring of the above.

Prediction: what do you think will happen as a result of your test?

We will receive valued information to assist us in our task of improving access for OA.

Do: what happened when you carried out your test?

We received a good response, and useful information for maintaining progress in improving access for OA.

Study: how did the results of your test compare with predictions?

We had predicted that a majority of OA would prefer age specific groups – this proved to be wrong. However a group of OA preferred this option and we piloted a group specifically for OA.

Act: how will you change your previous test in light of what you have learned?

Although only a small group of OA preferred an age specific group we considered it worthwhile to pilot an age specific group. In analyzing the outcome we came to the conclusion as more older OA is coming into the service this may be a treatment option and choice the service may want to offer.

PDSA Cycle 4 (piloting an older adult group)

Aim: what are you trying to accomplish?

In response to our survey where a group of OA expressed preference for age specific group and in accordance with our training advising to treat OA with standard CBT a group based on our standard group manual for overcoming low mood was set up inviting only OA (informing clients group open for over 65)

Plan: what will your test be?

To try out running such a group, to evaluate experience of both therapist and participants, and outcome.

Prediction: what do you think will happen as a result of your test?

We will be more informed about the value of such a group and any potential considerations adaptations required to run successfully.

Do: what happened when you carried out your test?

Five OA were identified as suitable for the group and invited to attend. Age ranged from 82-92. 4 members completed the group. ¼ member recovered on our standard measures (PHQ-9) and GAD-7. Attendance was good, but some cancellations due to hospital appointment etc. In reviewing the group individually with each participant the survey questions were administered. Echoing the results of the larger scale survey the opinions were mixed. For instance 2 out of 4 would have preferred an OA specific group (as provided). 2 out 4 would not mind the ages in the group.

Study: how did the results of your test compare with predictions?

Learning was achieved through running this group. Adjustment was made in terms of number of session offered. The therapist running the group found that more space for reflection was necessary. Although homogenous in age – presentations were more heterogenous than in other low mood groups run by therapist. A mixed anxiety and depression group may be more useful in offering age specific groups. Only offer to those expressing preference, as could be seen as ageist if routinely offered?

Act: how will you change your previous test in light of what you have learned?

The information gathered in the pilot as well as the therapist experience of running the group will be disseminated to management for their view on whether it is useful to continue running age specific groups. Like with any psychological interventions such an initiative would have to be continuously monitored as in individual work all groups are different. Again flexibility and choice highlighted.