



Raphael Healthcare

**CPA DEVELOPMENTS IN
THE FARNDON UNIT
2008/09**

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IDENTIFICATION OF CHANGES NEEDED

- Auditable information collation
- Enhanced attention to holistic patient care
- Whole system approach to change, including MDT; patient and carer involvement.
- Development of holistic single assessment tool.
- Development of discrete treatment pathways
- Enhanced patient and carer involvement.



CPA STEERING GROUP

CPA Steering group was set up, this was open to patients; carers and any members of the MDT who wanted to attend. During meetings, a number of changes were proposed including;

- A patients self report format for inclusion with CPA reports for meetings.
- The development of an holistic initial assessment tool for new referrals.
- The construction of departmental treatment pathways
- The development of a CPA Checklist which would ensure that would also serve as the basis for an audit tool.
- The development of carers information services
- The development of Advance Statement policy; procedure and format.
- Enhanced information provision and sharing with families and carers (with patient consent).

The Steering Group is still operational and intends to address further issues and developments across time.



PATIENTS CPA SELF REPORT

AIMS

Enhanced opportunities for patients to identify areas for discussion in CPA meetings including:

- Strengths
- Goals
- Achievements
- Concerns
- Complaints
- View of current care
- Self elected areas for intervention

Progress

- Self reports are being widely use by patients (on a voluntary basis).
- Patients largely express satisfaction with the format
- Patients can ask staff for support in completing the report, this has led to enhanced therapeutic relationships.
- Patients own views are a central component of the CPA meetings



DEVELOPMENT OF HOLISTIC ASSESSMENT TOOL

AIMS

To develop an holistic assessment tool able to:

- Record an holistic overview of a patient's life and experiences
- Provide an overall view of risks and concerns
- Identify patient's strengths and goals (short and long term)
- Identify an MDT pathway
- Provide information for risk assessment and care planning prior to and on admission
- Encompass information relevant for each discipline to reduce the patient stress of being repeatedly asked for the same information by various departments

PROGRESS

- Tool developed and being employed for all new referrals.
- Information transferred to risk matrix prior to admission and appropriate person centred care plans constructed quickly.
- "Historic" elements of HCR20 identified and documented during initial assessment process.
- Care pathway clearly identified at an early stage.
- Assessment can be transferred with patient and shared with relevant agencies.
- Patients strengths and interests identified early with appropriate activities being set up early in care.



DEPARTMENTAL TREATMENT PATHWAYS

AIMS

- To provide a clearly structured care pathway for patients from each discipline.
- To enhance cohesion in the MDT.
- To rationalise treatment pathway.
- To facilitate continuity of care even if a key member of staff were to leave.

PROGRESS

- Departmental pathways constructed.
- Referral forms for Psychology department constructed and employed.
- Pathways integrated into holistic assessment process.
- 12 week admission pathway more clearly defined

PLEASE REFER TO "FURTHER WORK" SECTION



CPA CHECKLIST AND AUDIT TOOL

AIMS

- To ensure that patients holistic needs are regularly considered and met (person centred planning)
- To enhance care
- To maximise carer/family interaction
- To foster enhanced interaction between MDT and external agencies
- To maximise agreement between all parties
- To provide relevant auditable data
- To record unmet need to inform service development

PROGRESS

- CPA checklist being completed at each CPA.
- All areas of a patients life being discussed rather than just obvious mental health care needs.
- Enhanced agreements being made between relevant parties.
- Patients having more say in their care.
- Greater identification of care needs.
- Greater awareness of roles and responsibilities, particularly in section 117 planning.

PLEASE REFER TO "FURTHER WORK"
SECTION



ADVANCE STATEMENTS

AIMS

To comply with relevant legislation to:

- promote patients' self determined rights to choice
- Develop format and information for patients
- Enhance insight; compliance; formulation of "least restrictive" care plans in an agreed predetermined manner
- facilitate smooth transition in care
- enhance patient interaction in section 117 care panning
- share patients' self identified choices with relevant agencies
- reassure patients that their views will be considered and applied in case of future lock of capacity

PROGRESS

- Policy; format and patient information sheet developed and ratified.
- Some patients have completed their Advance Statements.
- Patients have stated that they like the format and the reassurance of having completed an Advance Statement.
- Patients have found the self identification of relapse signatures useful.
- Patients have found the process of stating what they would like to happen with their children; homes; pets etc in case of future loss of capacity empowering and reassuring.
- Patients have stated that they have greater insight into their experiences to date as a result of completing an Advance Statement.



CARERS INFORMATION

AIMS

- To provide information about the Farndon Unit to carers (including families/friends).
- To provide explanation and rationales about various meetings (including CPA).
- To foster enhanced insight (where patient consent given) into aspects of a patient's care and experiences.
- To foster a contact point for carers in the event of concerns.
- To provide information about support available to them in their local areas

PROGRESS

- A new "Home assessment" tool has been developed and is routinely employed.
- Prior to any home assessment, carers are advised about issues of confidentiality (both theirs and the patients) and sent information about the unit.
- Carers (with patient consent) are consulted during report writing.
- Patients have been consulted about participating in a work party to develop a carers newsletter and many have been positive about this

PLEASE REFER TO "FURTHER WORK"
SECTION



WORK TO BE CONTINUED

OBJECTIVES

1. To develop a patient led information pack for new admissions.
2. To develop a "Carer Information" monthly newsletter.
3. To review CPA checklist and refine as necessary.
4. To refine departmental pathways to map a cohesive unified pathway.
5. Advance Statements to be completed by every patient wishing to do so, with documents sent to all relevant parties.
6. CPA Steering group to continue to meet to address new issues and challenges as they arise.

TIME FRAME

1. Working party to be set up by August 2009, patients to lead.
2. Working Party, including patients and carers to be set up by August 2009.
3. CPA Steering Group to monitor every 3 months.
4. Working party to be established to undertake this by August 2009.
5. All patients (who wish to) to have completed Advance Statements by December 2009, to be reviewed at each CPA meeting.
6. CPA Steering Group to continue to meet on a monthly basis and develop further changes for the service.

