



# CPA Redesign @ELFT: a novel “recovery care” process - the journey so far...

Paul Binfield

– Associate Director People Participation

Frank Röhrich

- Medical Director Research, Innovation & Medical Education

Sidney Millin

- Expert by experience



# Schedule

14.00-15.30: Developing a new Recovery Care Approach (Paul, Frank & Sidney)

- Why/What and How?
- What are the outcomes – Success and failure?  
What did we learn? Where to go next?

15.30-15.45: Q&A

15.45-16.00: Comfort break

16.00-17.00: DIALOG as PROM /DIALOG+  
outcome data utility (Rahul)



# Schedule 1

- Why did we do it?
- What did we do and how?
- What are the outcomes – Success and failure?
- What did we learn?
- Where to go next?





# Why we changed the process - Main Drivers & background

- The new Care Act (2014)
- Change focus of clinical practice re recovery-focused process
- Efficiency/productivity: service user-focused, staff user-friendly (↓bureaucracy)
- Opportunities arising in the context of new RIO open system



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*We respect*

*We are inclusive*

# COCAPP study (Simpson et al. 2016)

- Cross-national comparative mixed-methods case study of recovery-focused mental health care planning and co-ordination
- six NHS sites in England and Wales
- survey of recovery, empowerment and therapeutic relationships in 449 service users





## ...study findings:

- The **administrative elements** of care co-ordination **reduce opportunities** for recovery-focused and personalised work
- **Few shared understandings** of recovery, which may limit shared goals.
- **Conversations on risk appeared to be neglected** and assessments kept from service users...may work against opportunities for positive risk-taking as part of recovery-focused work.

# The national agenda: Challenges with current delivery of CPA

- Significant **administrative and data burden** on staff that is frequently associated with CPA delivery
- **Lack of flexibility** in relation to workforce models
- Service users report that experience of CPA is **not recovery focussed**
- Ensure services can **maximise efficiencies** and improved outcomes
- Need to update to bring in line with **opportunities of digital technology**
- Challenges around **integration and joint working** with primary care, social care and housing
- Tensions with discharging duties under the **Care Act**
- Need to better **support co-production** with people who use services, shared decision-making and **recovery-focused care**.



# Consultation main findings

- ❖ Triangulating National & Local audits & literature with Workshops, common themes:
  - ❖ Duplication
  - ❖ Value of 'non-essential' documentation?
  - ❖ Use of electronic systems needed
  - ❖ Lack of recovery care focus
  - ❖ Care quality issues
  - ❖ Staff generating ideas on training
  - ❖ Needing service user focus
  - ❖ Lack of transparency

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Sidney Millin

**Me and my Care Plan!**



# This Is Me



# This Is Me



# This is NOT Me

East London **NHS**  
NHS Foundation Trust

Care Plan		Date of review:		
Forename/s:		Surname:		
Gender:		Date of Birth:		
R/IQ Number:		NHS No:		
Diagnos(es)		ICD10 Code(s):		
bioNOS / BPRS Score		Cluster:		
Statement of Current Situation and Identified Needs (record in this column)	Service user views	Intervention / Actions (including self-directed support plan)	Responsible Person/ Agency	Timescale
Risk Issues:				On-going
Physical Health:				On-going
Medication:				On-going When require
Financial/income/benefits:				

East London **NHS**  
NHS Foundation Trust

Parenting support/childcare/contact with children otherwise:		*No action needed at present		
Dual Diagnosis/ Substance Misuse:		*No action needed at present		
Recommendations for future management:				
Does care plan include funded/non-funded social care components? <input type="checkbox"/> Yes <input type="checkbox"/> No [Identify Intervention(s); e.g. SD S]				
Update of Risk Assessment and management plan				
Plan:				
Crisis, Relapse and Contingency Plan (including advance directive)				
Early warning signs; relapse indicators; triggers; location of any advance statements; whom to contact, service response, including arrangements for children				
Agreed action/plan/intervention/time frame				Responsible Person/ Agency
Relapse Indicators/Warning Signs:				GM/Globe
Summary and Location of Advance Directives:				
None at present				
Crisis Plan				GM / Family / care co-ordinator /

# What matters to me?





# The method & the mission

- Started from scratch (blank sheet)
- Started with a vision (endpoint in mind)
- Radical Co-production (Service users, Clinicians, IT experts, Local Authority)
- Objectives: Empowerment, Focus on Quality of Life, simplify processes, foster therapeutic relationships





# How did we start?

## - Setting out principles

- Service user expressed needs = priority for care planning
- Clinical documentation / forms should drive good clinical practice
- Assessment process should identify service user skills / capabilities and start with screening for significant health/social/risk management needs
- Care plan with emphasis on self-management

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# Early decisions taken:

- Use DIALOG PROM as screening tool to guide care planning according to needs identified
- Replacing the concept of “risk” management by “safety plan” and “care plan” by “My recovery plan”
- Mental & Physical health & Safety as mandatory domains, other domains according to individual needs
- To avoid duplication: utilise as screening tool (opening up care planning boxes as required)
- Transparency in documentation re `areas of disagreement (“override”)

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# Building new process: Learning/Adaptation/Transformation

- Starting point: self-defined recovery goals, service user's strength and capabilities and “What matters to me” question
- Care planning according to structured and service user led needs assessment
- Utilising solution-focused therapy approach as developed in DIALOG+ (plan for action)





# Why DIALOG +? Drawing upon locally developed evidence based practice (Priebe et al. 2013, 2015)

- Focus is on the client's desired future, not their past problems or current conflicts
  - Clients are encouraged to increase doing things which are useful (empowerment)
  - Small increments of change will lead to larger increments of change (realistic/hope)
- Personalised and outcome driven



# DIALOG+ is a 4 Step, Solution Focused Approach

## **1. Understanding**

Reasons for dissatisfaction and what works

## **2. Looking Forward**

Directing the discussion from the problem to thinking about alternative scenarios. best case scenario

## **3. Exploring Options**

What can the client do? What can the clinician do?  
What can other people do?

## **4. Agreeing on actions**

decision making and documenting





# Who needs to be involved?

## User reference groups :

- ❖ 104 members of operational staff have agreed to be part of staff user reference group
- ❖ frontline staff as part of Design & Development Group
- ❖ IT champions for co-production process
- ❖ Recovery Care Plan developed with service user group, based upon EPC template

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# Utilising The “what matters to me” approach: - listening and responding

- “What Matters to Me” – a new vital sign | presentation from Jason Leitch | TEDxGlasgow
- [https://www.youtube.com/watch?v=H\\_Z1Z\\_vj1KDE](https://www.youtube.com/watch?v=H_Z1Z_vj1KDE)





# Back to front: the power of reverse thinking

## OUTPUTS FIRST

### My Recovery Care Plan

Date: 2 Sep 2016

My Name: Ms Dummy Patient ZZTEST

NHS Number: 999 991 7690

#### Who gets to see my plan?

##### Remember 5 ways to mental health & wellbeing:

- Connect - stay in touch with family / friends
- Get active
- Take notice - be more aware of the present
- Keep learning
- Give to others

#### What Recovery means to me? My long term goals! What I would like to achieve in 12 months time...

This is my long term goal. I would like to achieve in 12 months

This is my long term goal. I would like to achieve in 12 months

This is my long term goal. I would like to achieve in 12 months

#### What matters to me

This is test data - for what matters to me

This is test data - for what matters to me

This is test data - for what matters to me

#### My skills, strengths and experiences that will help me achieving my goals:

This is test data - for my skills, strengths and experiences that will help me achieve my goals

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This is test data - for my skills, strengths and experiences that will help me achieve my goals

#### My key contacts

Care Coordinator:  
Alison Naughton  
Phone Number:

#### My emergency contacts:



## Discussions and Actions

Date: 2 Sep 2016

My Name: Ms Dummy Patient ZZTEST

NHS Number: 999 991 7690

### Mental health discussion and actions

Mental Health discussion and actions

A discussion and action plan for mental health issues.

This is a plan.

### Physical health discussion and actions

Physical Health discussions and actions

Really satisfied with physical health action plan after discussion

### Accommodation discussion and actions

Accommodation discussion and actions. Accommodation needs attention - plan for move in autumn.

Would like to move area away from parents

### Leisure activity discussion and actions

Need to be more active.

Discussion around gym membership.

Need to decide how often to attend and which classes to join



# My Safety Plan

Date: 2 Sep 2016

My Name: Ms Dummy Patient ZZTEST

NHS Number: 999 991 7690

## Triggers

These are the triggers for when I become unwell  
Remember these triggers

## Action Plan

This is the trigger action plan that needs to be in place

## Early Warning Signs

The early warning signs for when I become unwell are.....

## Action Plan

I need an action plan for the early warning signs  
This action plan will help me when .....

## When Things are Getting Worse

When things become far worse I will .....

## Action Plan

This action plan helps when my symptoms become worse .....

## How can I best be contacted

I can be contacted on my mobile phone or at home

## Who can be contacted if I can't be reached

Please contact my parents when needed, but do not contact my sister

## How will I know when I am out of crisis

I know I am out of crisis when .....







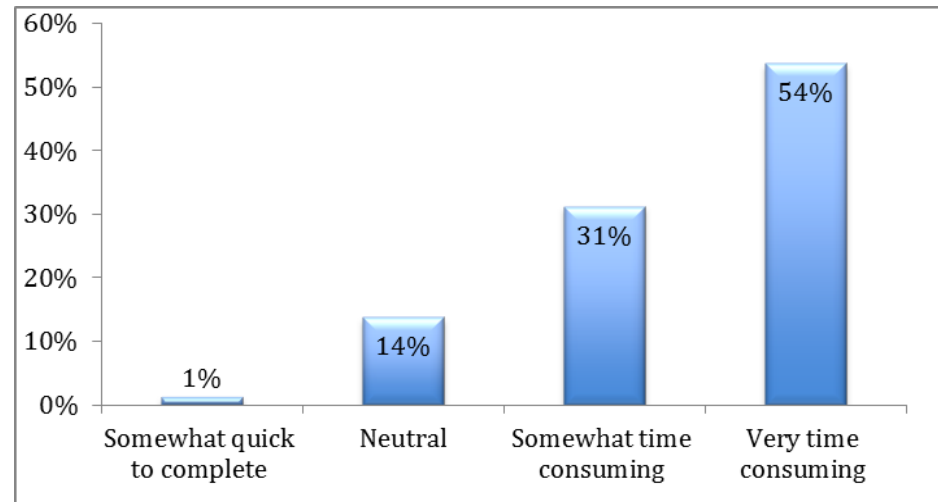
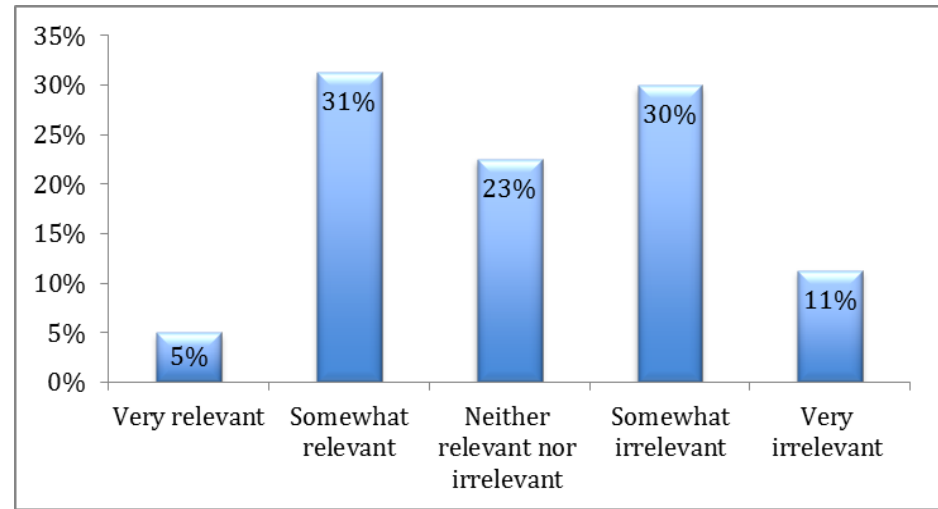
# Testing Process:

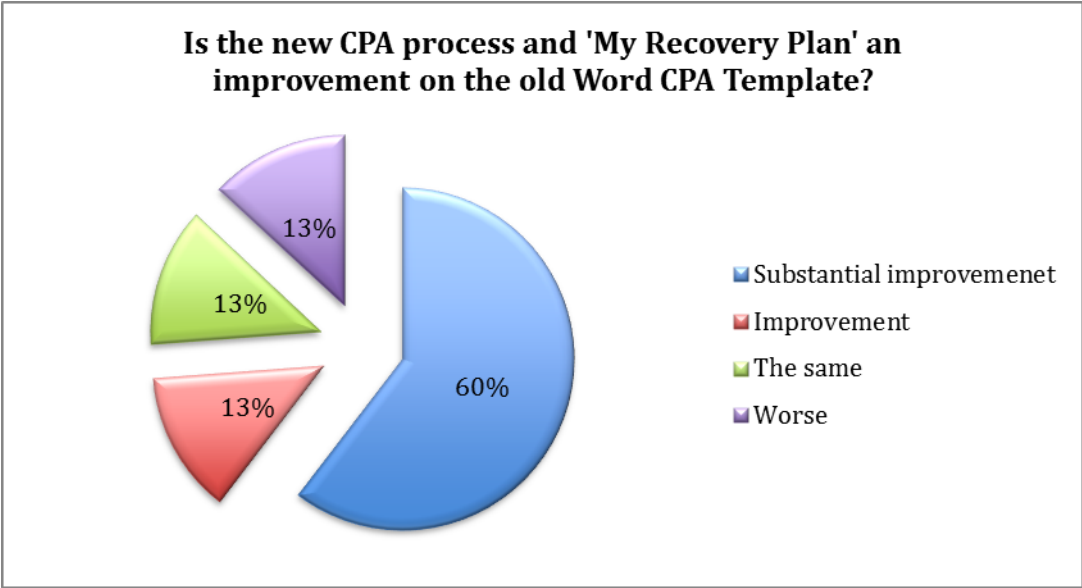
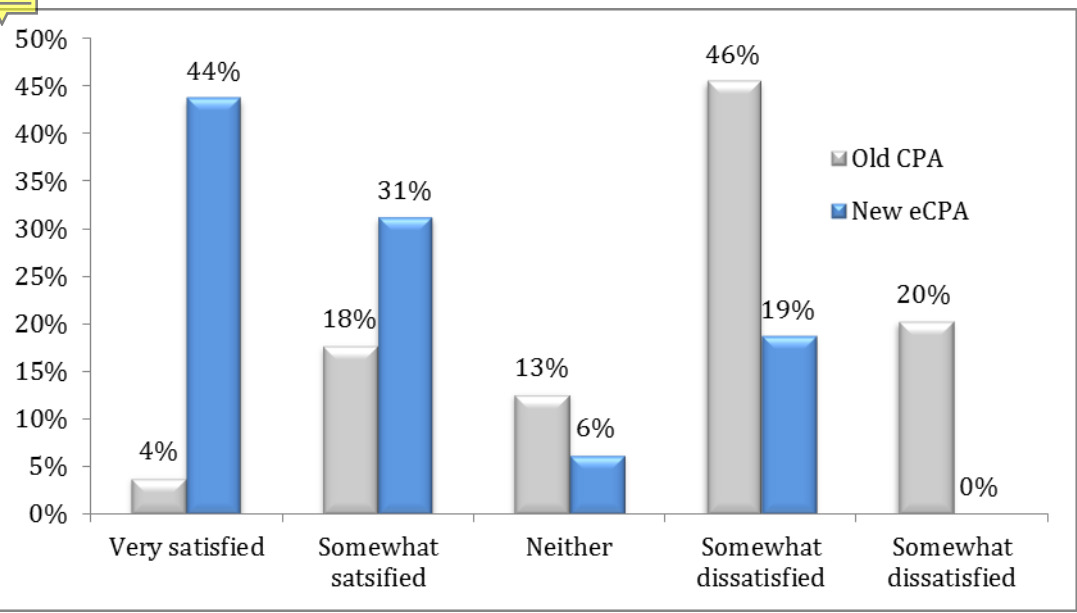
## Piloting the approach

- Identified 8 pilot sites across ELFT  
(different directorates and clinical settings)
- Pilot from Oct – Dec 2016
- Questionnaire before the pilot regarding staff views about the current CPA process
- Survey Monkey quick feedback during the pilot about experiences using new eCPA
- Evaluation report - Dec

# Pre-pilot survey

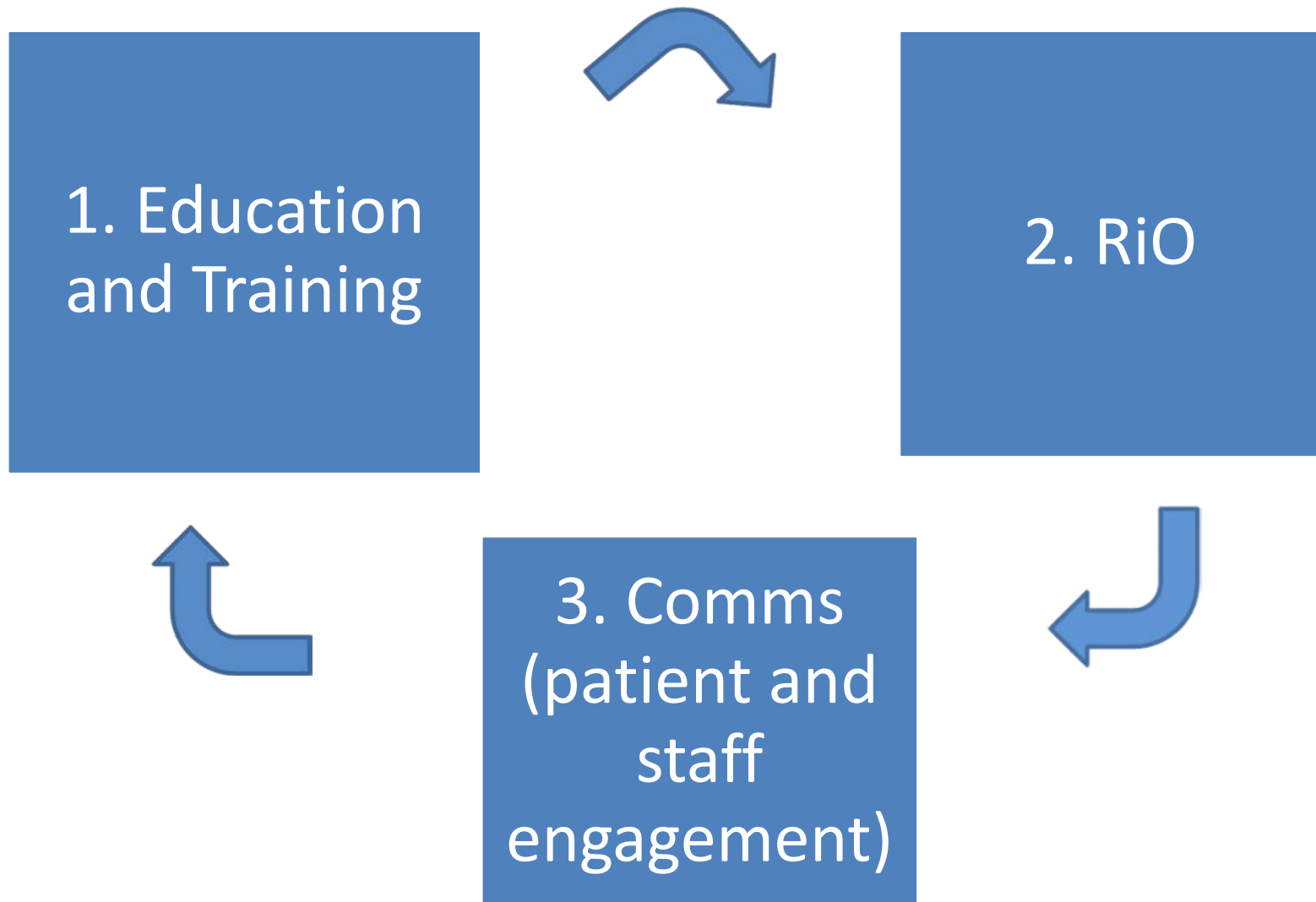
- shows strong frustration among staff of the existing CPA process, with two thirds (66%) of staff citing dissatisfaction with current process vs 19% post pilot.







# Training and rollout: Key Areas for Implementation





# Education and Training

## Stage 1 Training – Principles of Recovery (Jan – March/April)

- Co-produced and delivered
- Team based where possible
- Half day to include principles of recovery, principles of a solution-focused approach, overview of the new CPA process and service user journey
- Podcasts of service user experience

## Stage 2 Training – RiO process (Feb – March)


- Approx 8 sessions to be delivered to admin leads, performance managers, one local practitioner champion
- ‘Train the Trainer’ approach to support local champions to deliver team based local training (1 hour sessions)
- RiO user guide already developed for pilot



# Building the infrastructure

- Open RIO as electronic records platform
- Creating an accessible, user-friendly interface
- Creating hyperlinks for ease of reference and to support work-flow
- Thinking about user-friendly output throughout the design process

## RiO Live DIALOG+ Screenshot



**RiO**

CPA Documentation (MH)

Simon (HQ) Fewer | LIVE | Log

ZZTEST, Dummy (Ms)

DOB: 1 Mar 1958 (58 years) Gender: Female NHS: 999 991 7690

Dialog+

Client: ZZTEST, Dummy Patient (Ms) - 1024059

Date/time: [calendar icon]

Please check and select the correct referral / admission for each Dialog+ form

Referral / Admission: Ref: 106 Mar 2012 Di [X]

Stage of Treatment: Initial assessment & plan

Select the appropriate option for this service user: [dropdown] Service user agreed assessment [dropdown]

[Link to Mental Capacity Assessment](#)

What recovery means to me? My long term goals. What I would like to achieve in 12 months time.

Living independently  
Working

ABC

What matters to me?

Family  
Friends

ABC

My skills, strengths and experiences that will help me achieve my goals

1. use computer skills  
2. attend college course

ABC

1 a) This form must be completed at point of entry into the service, at regular intervals throughout clinical contact and at discharge

2 b) After each question, ask the service user: "Do you need any help in this area?" (Yes/No)

3 c) When discussing and creating an action plan please follow steps 1-3 for each area you agree to discuss today

Step 1: Understanding - why this rating and not a lower one? - what is working?

Step 2: Looking forward - best case scenario? - smallest improvement?

Step 3: Considering options - what can the patient do? - what can the clinician do? - what can others do?

**Likert Scale Rating**

\* Totally dissatisfied \* Very dissatisfied \* Fairly dissatisfied \* In the middle \* Fairly satisfied \* Very satisfied \* Totally satisfied

How satisfied are you with your mental health?

7 - Totally satisfied

Does service user require help?

☐ Yes ☒ No

Mental health goals and actions

Record goals and actions

5 ways to mental health well being

ABC

How satisfied are you with your physical health?

2 - Very dissatisfied

Does service user require help?

☒ Yes ☐ No

Physical health goals and actions

Record goals and actions

1. attend G.P health check appointment

ABC

Save

Clear

Cancel




# Additional benefits

- Aligning care planning and outcome measurement (avoiding duplication)
- Map resource, capacity and skills around DIALOG domains
- Dynamic, intrinsic outcome measuring with a QoL PROM
- Gathering information: why do people come to us for help

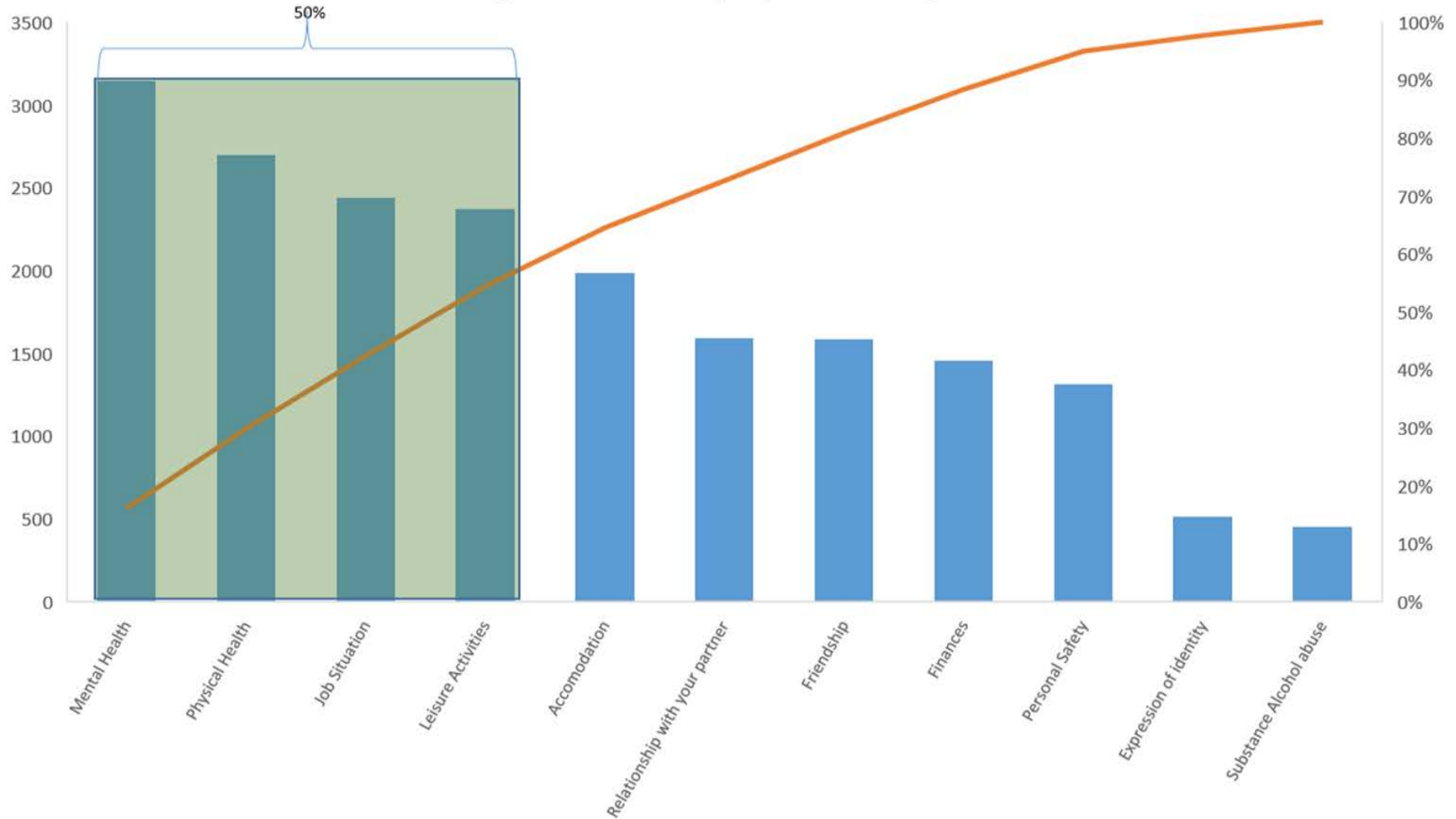


# Example: Dashboards to answer the following questions

- Are we seeing patients at the dissatisfaction levels expected in a secondary care CPA population?
  - What are the needs presented by service users coming to the Trust for help?
  - Do service users generally improve (in which domains?)
  - Is the new e-CPA system being used at the rate required to keep up with CPA review demand?
- 

# Indicative data for services

Pareto : Dialog Dissatisfaction (1-3) scores first point of contact





Considerations regarding Physical Health  
outcome scores in CRT North

## **DATA UTILITY ON TEAM LEVEL – AN EXAMPLE**





# Considerations regarding Physical Health outcome scores in CRT North





# Team focus

**Broad strategy to reducing preventable harm and inequalities for our mental health population.**

**Interconnectedness between professionals, services and community**

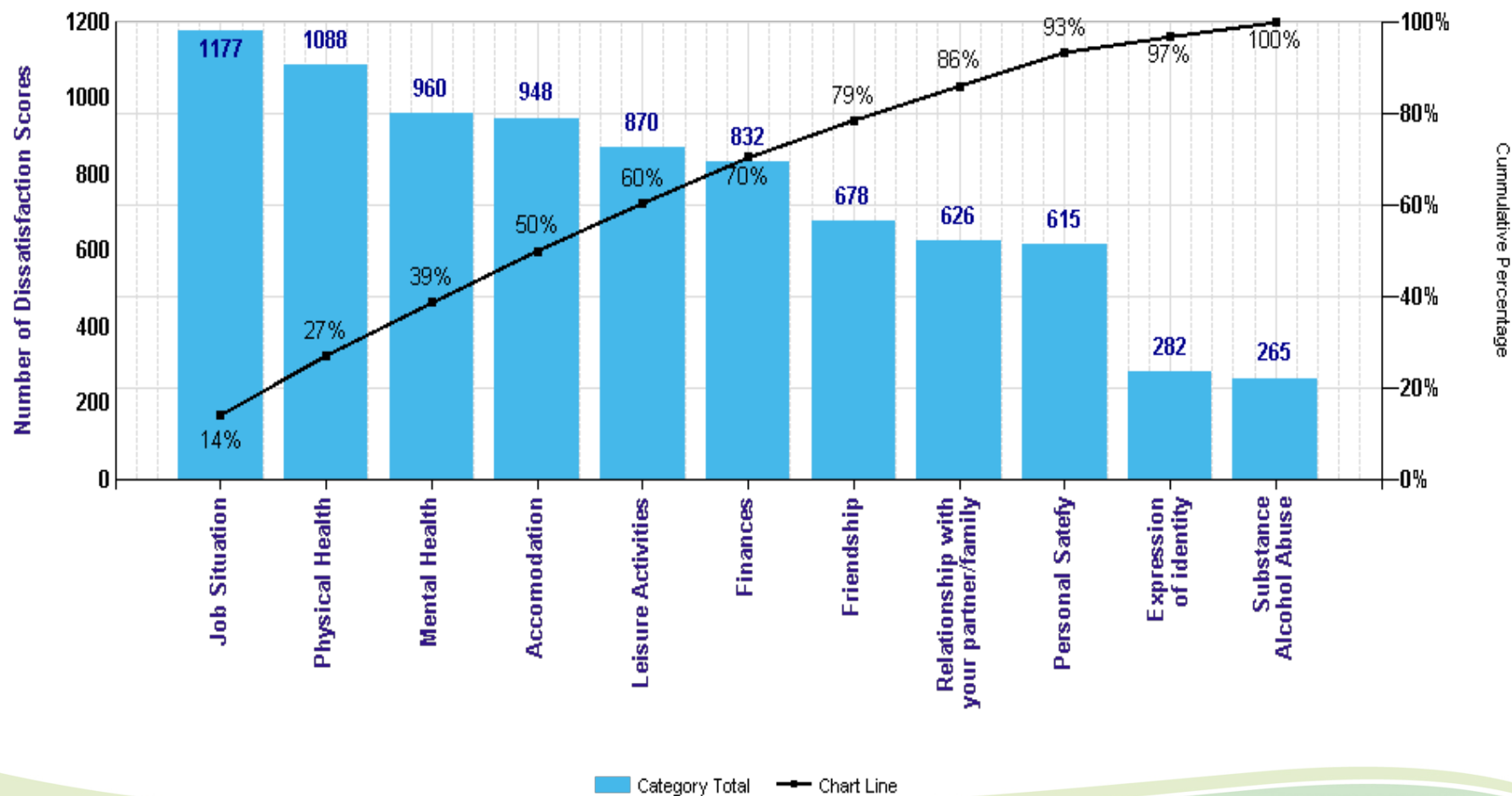
**Engagement and Dialog (Patient Reported Outcome Measures - PROM)**

**Achieving meaningful and measurable coproduction - consultation**



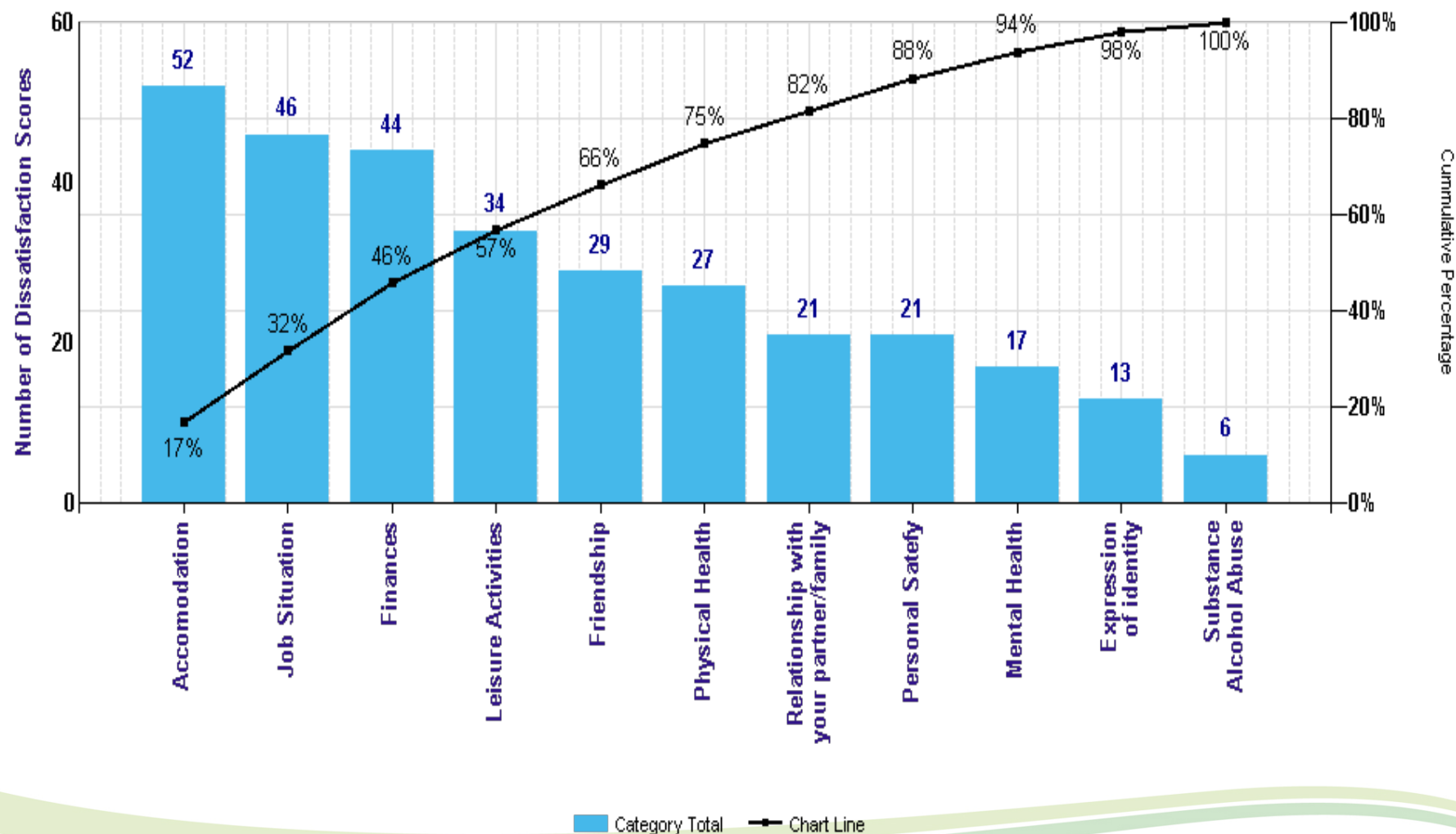
# TRUSTWIDE - DIALOG Dissatisfaction Rates - 8341

Number of dissatisfaction scores by category



# CRT North - DIALOG Dissatisfaction Rates - 310

Number of dissatisfaction scores by category





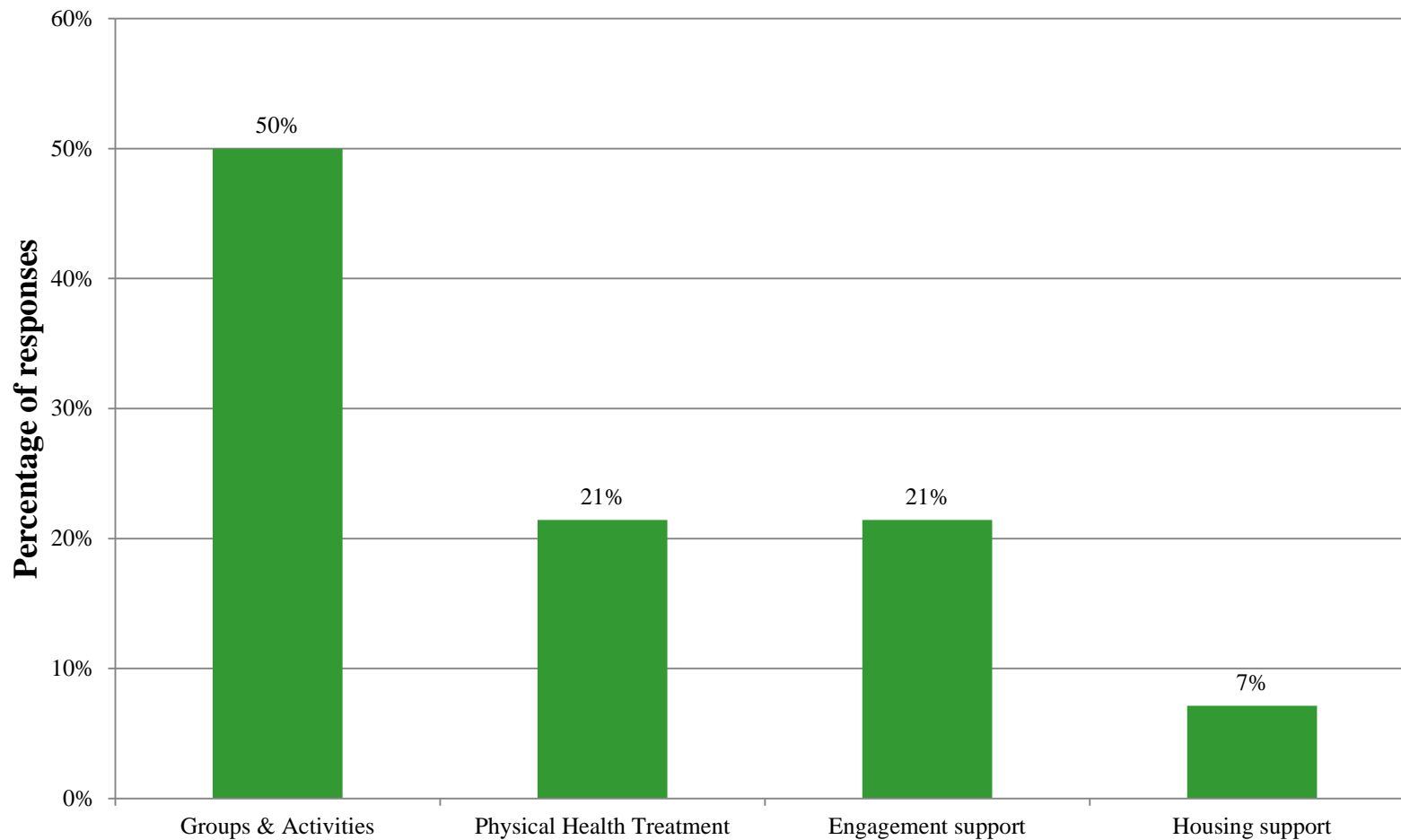
# Themed analysis of Co-production consultation feedback

## - Physical Health

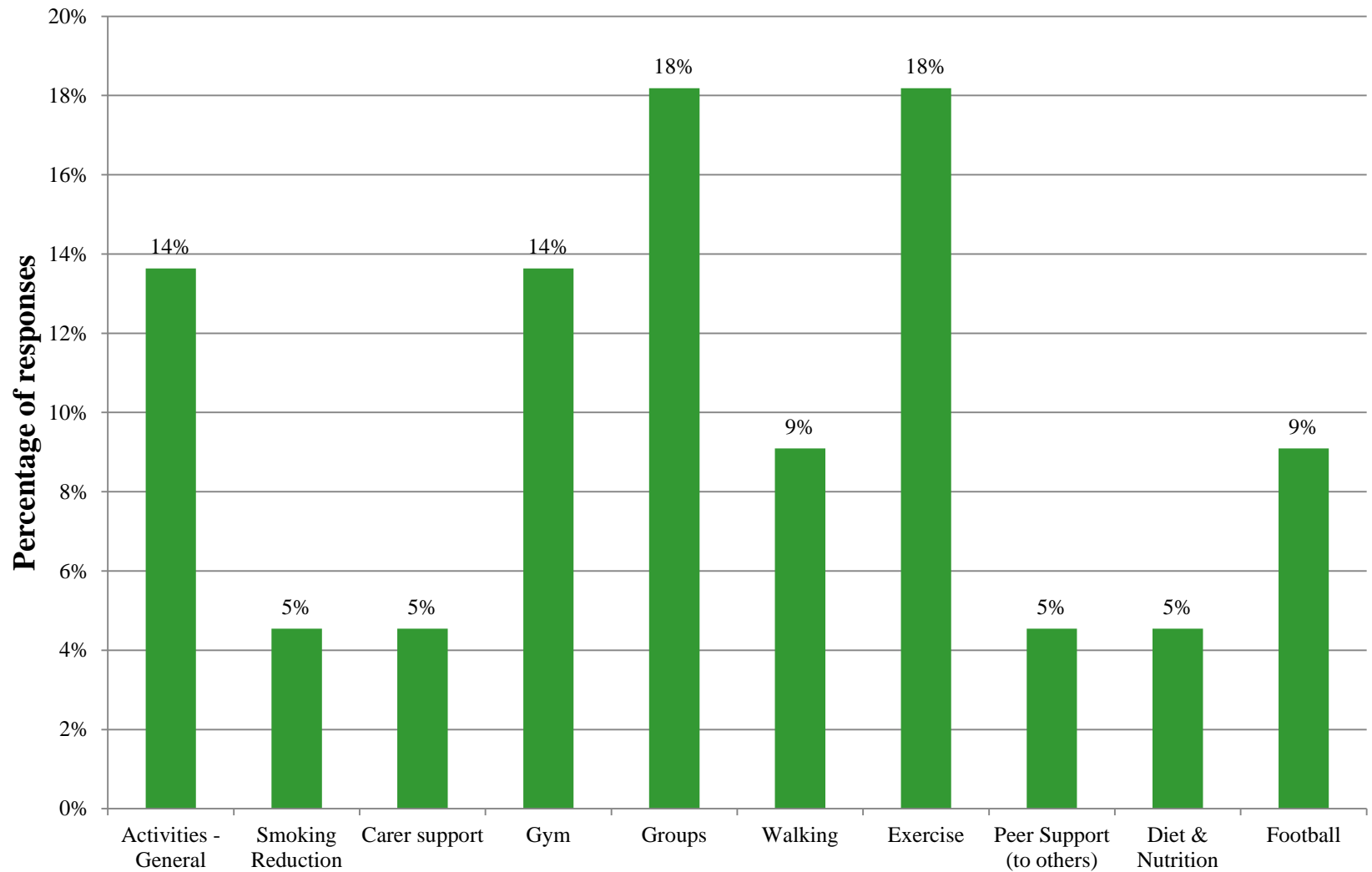
(80 comments over the domain)



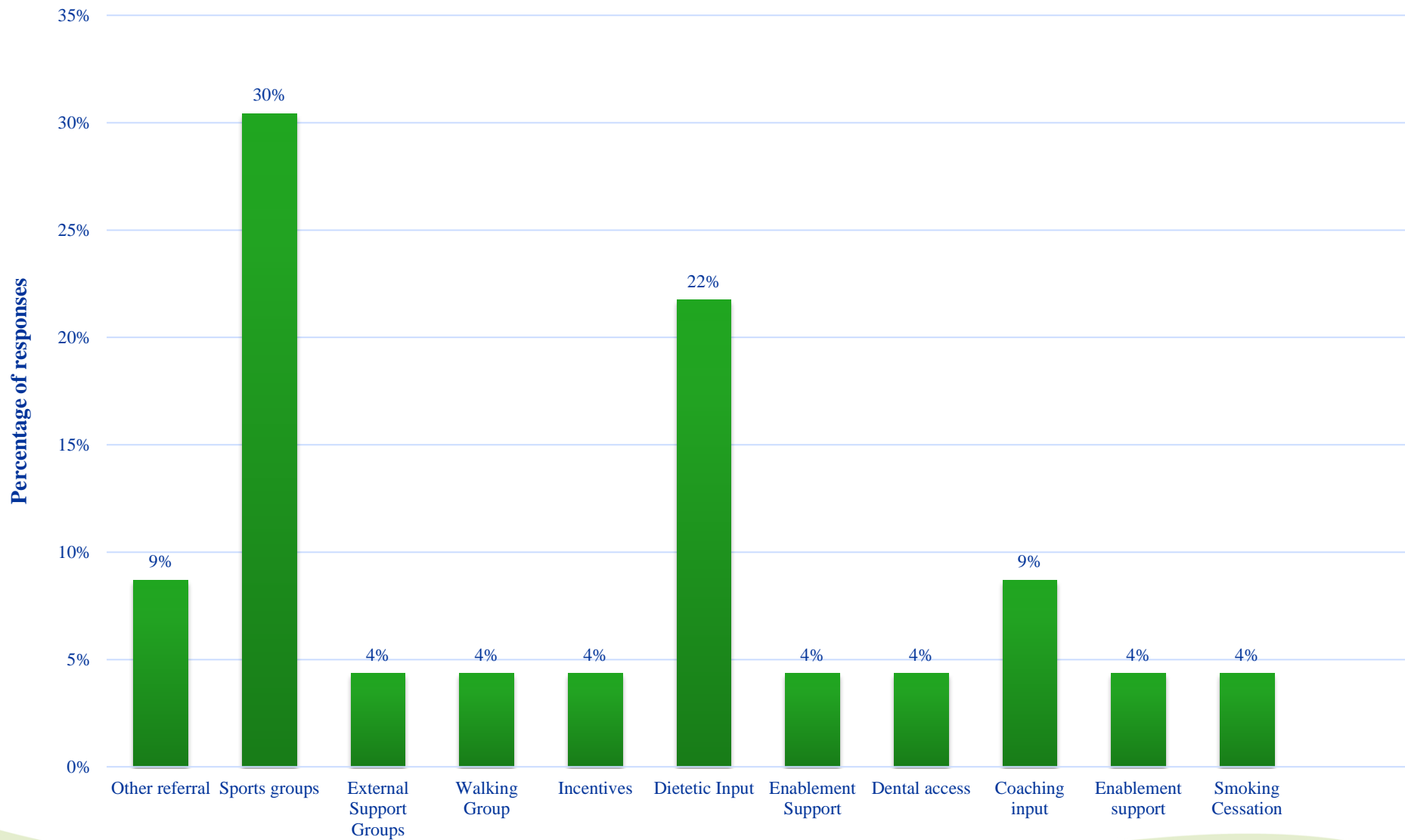




**What the team does well Physical Health**



**What I do that works!**  
**Physical Health**



**What can we do more of together!**



Going forward...


**WHAT DID WE LEARN?**





# With hindsight: Our learning

## - What would we do differently now?

- Better representation of front line staff across all professional groups and 50/50 gender mix for Design/Development group
  - Engaging Directorate Management teams closer
  - Overall even stronger emphasis on clinical transformation process (change of culture)
  - Establish two exemplar teams to champion the new approach early in the process
- 
- Decorative green wavy lines at the bottom of the slide, consisting of two overlapping curved bands in shades of green.



# Learning cont.:

- Informatics to be involved earlier in the process re performance data outputs
  - Re impact evaluation: allow for more time to embed new approach and be better prepared with more dedicated capacity
  - Initial roll-out: training package should have been more focused on the use of DIALOG+ (solution focused therapy approach)
  - Established evidence based tools should not have been altered
- 
- Two decorative wavy lines at the bottom of the slide. The top line is light green and the bottom line is a slightly darker shade of green. They both curve upwards from left to right.




## Other:

- We should have better anticipated and prepared for the huge national interest in this work (no indicative budgets/funding support to facilitate workshops, road-shows, materials for spreading / dissemination of the novel approach etc.)





# (not) Finally: Celebrating success

- We now have a simple, easy to use, service user- and recovery focused process that truly fit for purpose
  - The new process is a result of radical collaboration and an approach of “not taking anything for granted”
  - ELFTs recovery process is supported by a single tool that serves multiple objectives: assessment of needs, prospective/dynamic outcome measurement, care planning, review
- 




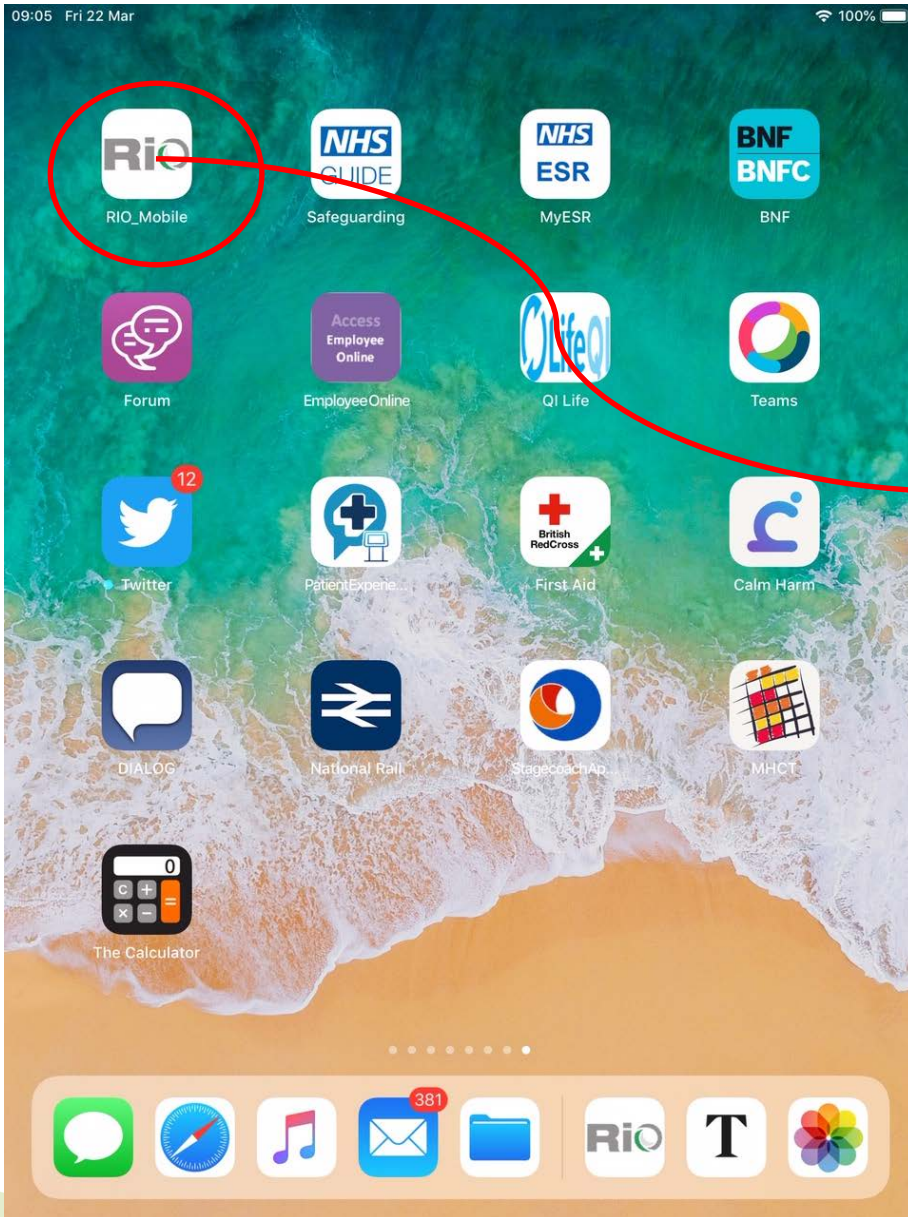
## **THE NEXT STEPS:**

- DEVELOPING AND  
IMPLEMENTING THE RIO APP**



# RiO App

- Classic DIALOG App does not contain patient identifiable information so cannot import data to an EPR such as RiO.
  - Solution : build a RiO based App? Web-based?
  - Solution : Full size iPads with other helpful Apps and RiO App
  - The App contains all records and a lifestyle form plus a safety plan form.
- 



08:58Fri 22 Mar

Patient Summary

XXTESTPATIENTDFBL, Btl-Donotuse (Miss)

DOB21 Aug 2007 (11y)

GenderFemale

NHS Number

Review (09:15 - 09:20)

Dialog+

Not Completed

Lifestyle

Not Completed

My Safety Plan

Not Completed

Patient Record

Timeline

51 Events

Demographics

XXTESTPATIENTDFBL, Btl-Donotuse (Miss)

Alerts

0 Alerts

Appointments

41 Appointments , Last 10 May 2019 09:15

Referrals

1 Referrals , Last 1 Jan 2019 12:00

Dialog+ Forms

5 Forms , Last 14 Feb 2019 16:32

Lifestyle Assessment Forms

3 Forms , Last 07 Feb 2019 13:04

My Safety Plan Forms

3 Forms , Last 07 Feb 2019 13:05

Progress Notes

4 Notes , Last 7 Feb 2019 13:13

Documents

5 Documents , Last 7 Feb 2019 00:00

Allergies

0 Allergies

Contacts

START VISIT

# Passionate about collaboration: For more information, etc please contact us...

Tel 020-76554000

[frank.rohricht@nhs.net](mailto:frank.rohricht@nhs.net)

[paul.binfield@nhs.net](mailto:paul.binfield@nhs.net)

