

Quality Up

Costs Down

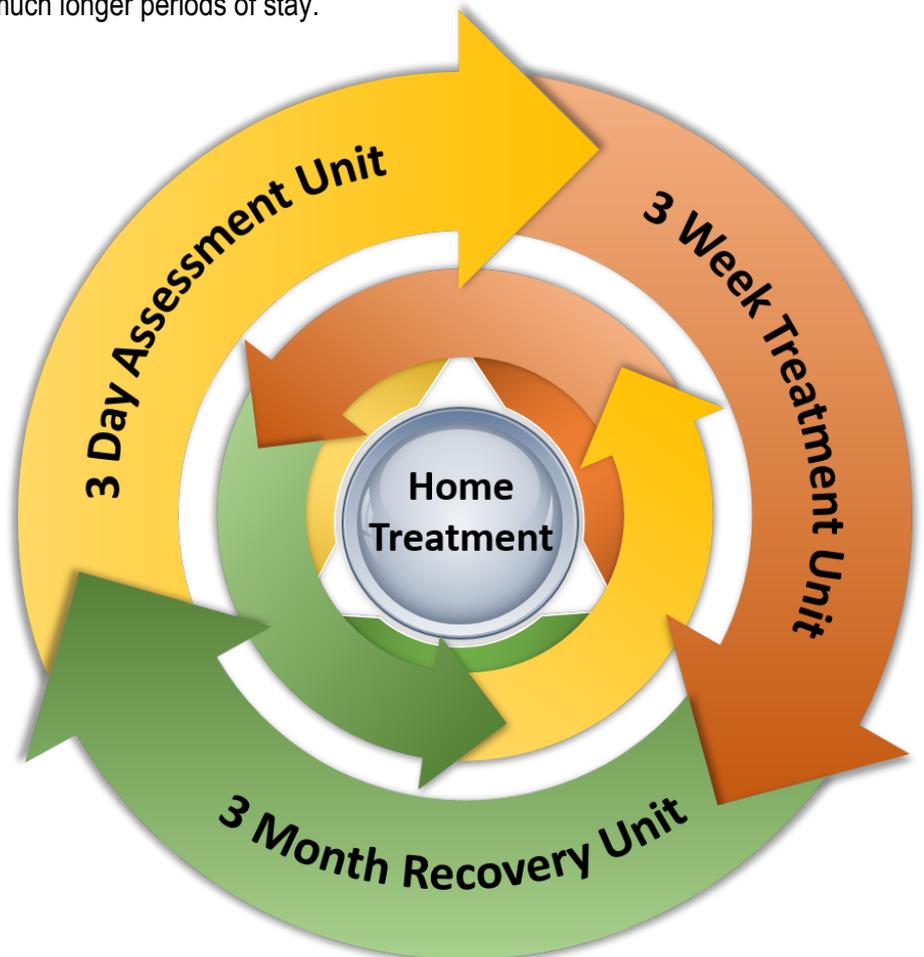
3 - 3 - 3 Acute Care Pathways

A radical redesign of mental health acute care has been implemented in Cambridgeshire and Peterborough NHS Foundation Trust. Traditional ward based care has been replaced by functionalized time limited pathways focused on assessment and specific interventions. The Crisis Resolution and Home Treatment Team provides the foundation for three recovery oriented inpatient pathways: 3 day assessment, 3 week treatment and 3 month recovery.

The focused approach on recovery has reduced lengths of stay and ensured that any stay on any ward is meaningful and adds value. The bed capacity that has been created has made the acute care service more responsive resulting in earlier intervention, decreased suffering and improved outcomes. We have delivered on 'smaller ward sizes at the heart of healing environments' initiative. Over 60 patients placed out of area long term, have returned home and bed stock has been reduced by over 50. 'Quality Up, Costs Down' is at the heart of 333. The evaluation of these pathways has showed consistent high scores on all the quality metrics (integrated assessment tool, respect-enablement-value scores, patient experience survey scores). Interestingly even on readmission rates they have outperformed the traditional locality based wards which had much longer periods of stay.

Underpinning Principles

1. Every pathway will subscribe to the recovery principles:
 - Finding and maintaining hope
 - Re-establishment of a positive identity
 - Building a meaningful life
 - Taking responsibility and control
2. Staff and patients working in partnership will set up realistic but challenging milestones towards which they will work together and hold themselves to account against them.
3. Patients do not fit into pathways, the pathways fit around the patient. Time scales are indicative and not absolute, clinical judgement and common sense will over rule any archetypal policy / protocol.
4. Deliver seamless service experience for our patients and carers while eradicating wasteful double and triple assessments.
5. Regular scrutiny of how a particular intervention is adding value to an individual on a particular pathway in comparison to other alternatives that are available.
6. A balance sheet approach to safety planning, i.e. when a risk is identified, a practitioner works out in a collaborative fashion with the patient and carer what reasonable steps can be taken within the resources available to manage the risks and what would be the least restrictive and most appropriate environment to manage the unaddressed but identified risk in.
7. Matching staff according to their skill set and interest to the pathway and then investment in further development for a recovery oriented care approach.



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