

positive

*about mental health and learning disability*

Nottinghamshire Healthcare  
NHS Trust



## IAFMHS Conference - Vancouver, Canada

**In the right place at the right time: Conceptual & practical considerations about long-term forensic psychiatric care.**

The Development of Integrated Care Pathways  
for people with Personality Difficulties across  
Nottinghamshire Healthcare Trust.

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# Objectives of the presentation

- Introduction & objectives
- Background and why
- Current problematic areas
- Potential solutions
- What we hope to achieve
- Questions



# Introduction

- To develop and implement Integrated Care Pathways for people with Personality Difficulties across the different services (levels of security) within Nottinghamshire Healthcare Trust (healthcare organisation).



## Background

- There has been a continued focus within the wider NHS to provide efficient and clinically effective services (Darzi, 2008).
- Sporadic literature about Care Pathways in the UK.
- Key policies over the past 10 years directly related to Personality Disorder have influenced the need to look at Care Pathways.
  - No longer a diagnosis of exclusion(2003)
  - The Bradley Report (2009) Lord Bradley's review of people with Mental Health problems or Learning Disabilities in the criminal justice system.
- Locally research has been completed by A.Tetley, S.Evershed & G. Krishnan (2009) looking at the experiences of patients & clinicians when moving from high secure to medium secure services.



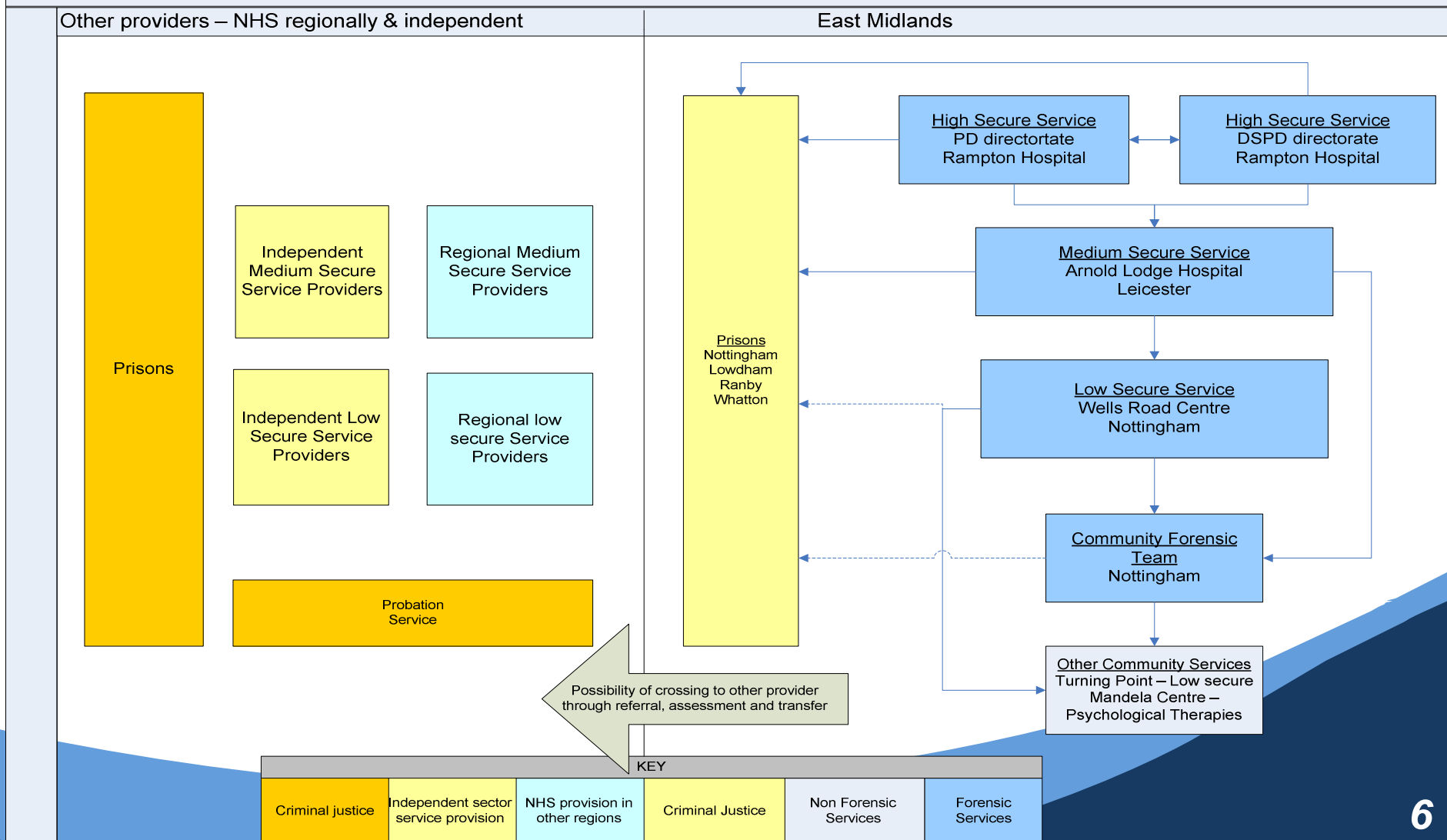
## Continued

- This has all led us to consider how our services function with each other, how patients move from one service to another and how we ensure that patients receive the “right” treatment at the “right” time in the “right” environment.
- Within our healthcare organisation we are also in the very unique position of having representation of all the different levels of secure services (High, medium, low and community).
- Questions have been raised as to why with the provision of all those services we continue to have problems moving patients from one service to another within the same healthcare organisation.



# Map of Personality Disorder Provision

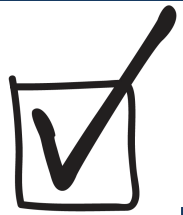
Map of Personality Disorder provision in East Midlands and other regions





## Problematic areas?

- Limited development of pathways and transition protocols
- Variety of assessments & treatments delivered across services
- Poor communication across services, services working autonomously & in isolation
- Wide ranging catchment areas
- Funding issues
- Exclusions



## Potential Solutions

- Development and implementation of care pathways
- Rationalise the variety of treatment options across services based on evidence, negotiation & agreement
- Work on current key stakeholder “sign up” and current motivation within services
- Work with other relevant stakeholders such as commissioners to manage transitions and standardise services across regions
- Utilise policy drivers and related research to inform change and working practice



## What we hope to achieve

- Utilising key focus points such as formulation and CPA (Care programme approach meetings)
- Commitment and adherence to pathways, working with the evidence base for treatment interventions
- Managing risk appropriately in the appropriate service and confidence of clinicians to manage risk adverse behaviour
- For patients moving through services more quickly once accepted, reduced delays in transitions
- Maintaining patients in community services



## Questions .....

### Contributions and Thanks to:-

*Dr. Gopi Krishnan (Associate Medical Director, Forensic Services)*

*Allison Tennant (Nurse Consultant, Peaks Unit)*

*Project Directorate leads (across medium, low & community services)*

*Tim Scawthon (Nursing Assistant, Peaks Unit)*

*Workstream 5 group (Forensic Services)*