

Collaborative Development of a Forensic Secure Integrated Care Pathway:

Towards a Reduction in Length of Stay and an Improvement in the Patient Experience



St Andrew's
HEALTHCARE

NOTTINGHAMSHIRE



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INTRODUCTION

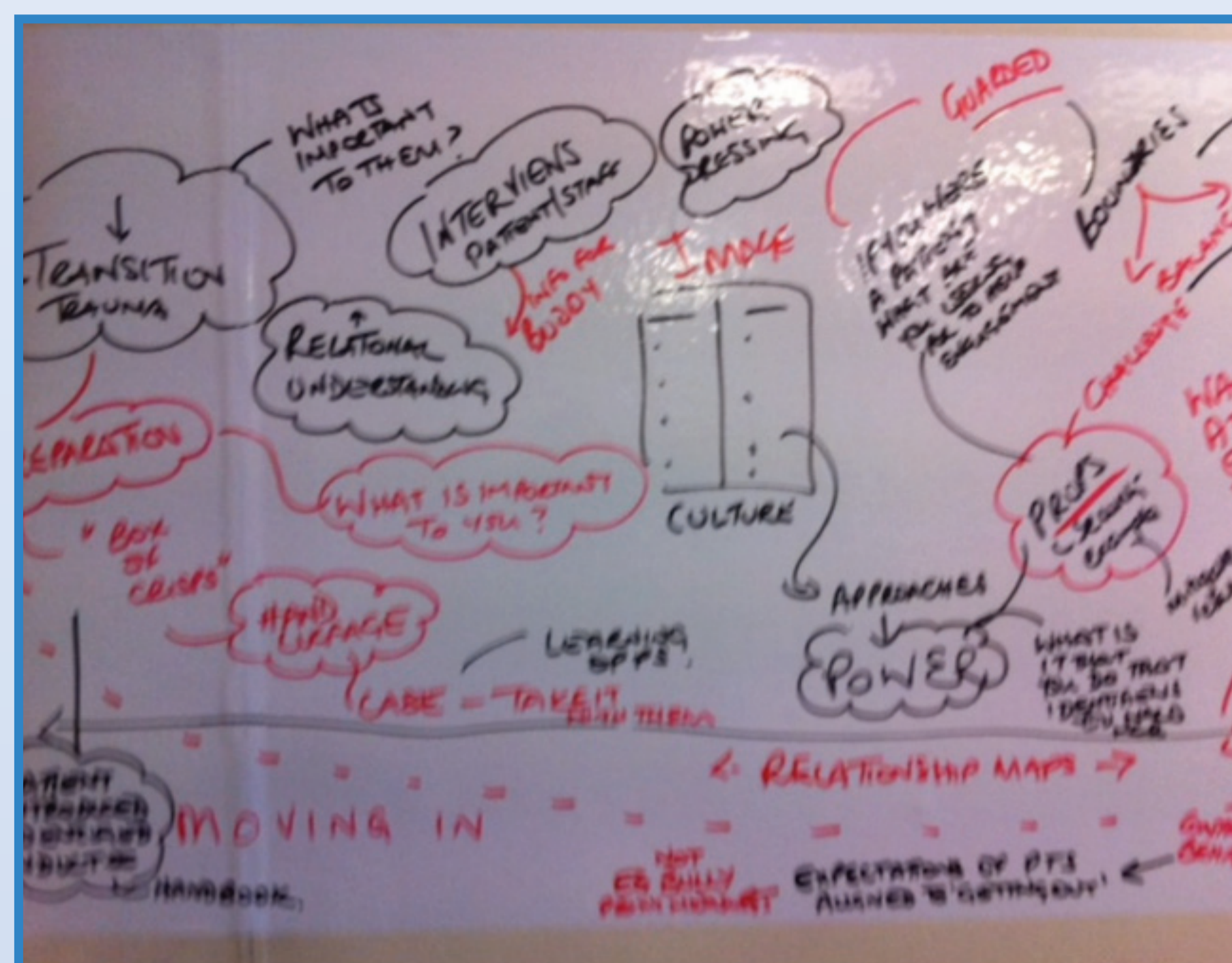
St Andrew's Healthcare is a charitable provider of specialist health care for people with mental disorders, learning disabilities and acquired brain injury. By putting our service users' needs at the heart of everything that we do, we have built a culture encouraging innovative practices, leading clinical expertise and forward-thinking attitudes.

Developing innovative approaches to help meet the complex needs of our service users, providing the best possible service user experience and reducing the length of stay are some of the things we're committed to achieving here at St Andrew's Nottinghamshire. Part of this commitment has led us to further develop our model, in collaboration with Debra Moore Associates, refining our Forensic Secure Integrated Care Pathway (ICP) for both our learning disability and ultimately our autistic spectrum disorder pathways.



BACKGROUND

The ICP is helping us to clearly define and articulate our patient journey through secure care, ensuring that they are engaged throughout the process as equal partners. Beginning with our Learning Disability service, the ICP will help to increase the ownership and shared responsibility with service users for their care and treatment by providing a clear and transparent process of assessment and therapy that addresses the risk factors that brought them into secure care. This requires a change in cultural approach which is driven by Person Centred Care, Planning and Treatment.



This work is closely linked into the work currently being conducted and led by Yorkshire & Humber SCG on developing "My Shared Pathway", which is now about to be implemented in a series of national pilot sites and ultimately become an integral part of future CQUIN requirements. St Andrew's Nottinghamshire is seeking out new opportunities to influence the future service delivery models today, for the services of tomorrow. By placing the service user at the centre of our approach, we are able to monitor individual progress against their care pathway trajectory, and make judgements and anticipations with regards to their transition and discharge into less secure settings, thereby affecting their length of stay positively. As we do so we will utilise evidence-based tools and benchmark findings throughout.

OUTCOMES

The ICP supports our clinical teams, providing tools, information and resources related to the pathway at any particular stage of the treatment journey. Details of relevant assessments, interventions and tools will be on hand to support the teams in providing the best possible care at the right stage in the journey and these will be available through a user friendly eLearning interface. Initially this will be available for staff, but it is our aspiration to ensure service user access this resource as well.

Training in our ICP model in its revised format will be completed and rolled out across St Andrew's Nottinghamshire in September 2011, whilst at the same time we will progress the ASD similarly.



All clinical staff will receive training, as well as attend Person Centred Planning workshops and seminars to review and discuss some of the challenges before us. It is hoped that similarly, following a successful rollout, principles of the ICP and PCP can be adopted and applied across the wider charity pathways.



CONCLUSION

Placing service users at the centre of their care improves their experience of secure care; provides clarity of the pathway and works towards a reduction in length of stay, whilst supporting front line staff with the necessary tools, resources and learning to deliver the required programme.