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Care plan redesign: improving service user experience of the Care Programme Approach

Donna Kemp reports on an award-winning service development initiative at a large trust to improve service user and carer experience of care planning and review

Introduction

The Care Programme Approach (CPA) is the term used to describe the way that a person's care, support and treatment is arranged within secondary mental health services when they have a range of complex needs.

This is done through assessment, co-ordination, care planning and review.

Launched in 1991, CPA has been viewed by staff as a bureaucratic exercise and by service users as something to be endured (Gould, 2012).

Care planning and reviews should be person-centred and reflect the person's choice, wishes and preferences.

They should consider all aspects of the person's life as well as their mental health and physical health needs (Department of Health, 2008).

Working with the individual to understand their goals and ambitions is essential to agreeing the content of their care plan.

Getting care planning right enhances engagement, is empowering, increases the likelihood of the individual achieving their goals, supports individual wellbeing and recovery,

improves the overall service user experience of care, supports joined-up working with partner agencies and voluntary organisations, and puts the service user at the centre of their care.

Developmental work

At the Leeds and York Partnership Foundation Trust a trust-wide initiative was started to redesign the care plan used by service users and to improve service user experience of the CPA.

The aim of this developmental work was to increase the number of service users receiving a copy of their care plan and also improve service user involvement in planning care.

The objectives were:

- To explore with service users what a good care plan looks like; what it means to be involved in developing the care plan and what their current experience of this is.
- To understand service user views on what helps involvement (enablers) and what gets in the way (barriers).
- Identify the factors impacting on the service user receiving a copy of their care plan.
- Develop a plan to address the

identified barriers and enablers.

- Agree baseline measurements.

The Planning Care Network, a public blog, was used as a method of engaging service users, carers and staff members together; for sharing views, having discussions, exploring the barriers and enablers to engagement.

As the Planning Care Network is digital and not accessible to everyone, additional methods of engagement with service users and carers were used – Service User Network meetings and inpatient 'Your Views' meetings.

Main topics arising presented an issue/impact for service users, carers and/or staff. It was also identified that sharing good practice and good experiences was important.

The topics identified were:

- The term CPA doesn't describe anything and some service users don't really understand what it's all about.
- Service users don't always understand everything that is written in the care plan; and it could belong to anyone.
- When discussing involvement in agreeing the content of the care

plan, service users often replied that they did not know they had a care plan.

- It takes too long to write up the care plan on the electronic system.
- Not routinely printing off the care plan for the service user due to time; belief about the service user not wanting a copy; quality of the care plan.
- 'My care co-ordinator gives me a copy of the care plan; we work on it together.'

Actions taken

Actions were agreed to address the issues raised, and these were completed over an 18-month period.

“ **The new approach has put service users at the heart of care planning** ”

1. Provide information for people about CPA and make this widely available

A leaflet and poster were co-produced with members of the Service User Network; information about CPA was published on the trust's external website, including CPA booklets translated into the five most used languages across the trust's served population.

2. Organise CPA training

New planning care awareness sessions are open to service users, carers, staff and members of our partner organisations. The content focuses on involving service users and carers, co-producing care plans, writing in a service user focused way, and sharing the care plan.

3. Rename the CPA care plan

There was an open vote on changing the name of the care plan. It was agreed that the name should be changed to My Wellbeing and Recovery Plan.

4. Redesign the CPA care plan

A redesign was conceived to make the care plan more streamlined, easier to use on the electronic system, written in Plain English, and providing a clearer printed care plan for the service user.

There were delays in moving from identifying the changes needed to the care plan to delivering them on the electronic system. Though not entirely unforeseen they did impact upon the time scales of delivery.

Having a gap of a year between consulting/involving people to delivering the change was due to different priorities in clinical and IT demands.

This was ultimately resolved with joint working between the departments and using IT consultants for translating the

care plan data into a user friendly 'printed care plan'.

Outcomes

There are a range of measures to demonstrate the impact of the interventions; though it is challenging to attribute specific interventions to changes in measurement.

The National Service User Survey has recently removed the question around the service user having a copy of their care plan. This is now tracked via the Friends and Family Test instead. This also tracks overall service user satisfaction.

There is no consistent place in the electronic record when the service user has been given a copy of their care plan.

This proved a challenge for establishing a reliable baseline. However, the redesign of the care plan now includes a place to record the date of sharing the care plan.

The most recent CPA audit presents a baseline of 73%. This is the first time the question has featured in the audit. It will be followed up in 12 months.

Alongside the structured methods of understanding service

user experience through people completing a range of feedback forms – service user survey, friends and family test etc – there is also the live feedback from service users via social media and existing service user group and fora.

Recognition

The initiative won a national Care Coordination Association Good Practice Award in 2015 in the category of 'Innovation to Support Effective Care Processes'.

The association is a national body that gives support to people involved in implementing the CPA.

One of the award judges said: 'This is an excellent initiative that takes a root and branch approach to the process at the heart of CPA – care planning.

'The 'My Wellbeing and recovery plan' document shows real collaboration opportunities and is well-worded so the user can have participation.

'This process supports the service user on their recovery journey and has been developed collaboratively with service users to reduce the barriers to effective care planning and to ensure that the person's goals

remain central to the plan.'

Lynn Parkinson, deputy chief operating officer at the trust, said: 'I am delighted that the "Care Plan Redesign: Improving service user experience of Care Programme Approach" initiative led by Donna Kemp has received national recognition from the Care Coordination Association.

'The new approach has put service users at the heart of care planning across the trust and created a positive and meaningful process which puts the emphasis on engagement and recovery.'

MHN

Donna Kemp is a Care Programme Approach Development Manager at the Leeds and York Partnership NHS Foundation Trust

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- Gould D. (2012) Service users' experience of recovery under the 2008 Care Programme Approach, National Survivor User Network: London.

