

CARE PROGRAMME APPROACH

What is the Care Programme Approach (CPA)?

The use of CPA for every State Hospital patient ensures that care and treatment needs are addressed in the best way possible through the regular review of care plans, which takes into consideration the increased risk of patients who may have harmed others. Admission case conferences, intermediate / annual reviews, and discharge / transfer meetings all form part of the CPA process.

The CPA process

It is important that the patient, his Clinical Team, Named Person / Carer (who a patient has agreed should be part of these discussions), and relevant colleagues in the community all contribute to agreeing the patient's Care Plan. Patients can get support from the on-site Patients' Advocacy Service (PAS) to share their views. Discussions consider how to reduce the risk of violence and help to develop a plan to manage risk to keep the patient and members of the public, including children, safe. Some of the discussion about risk and other issues may be held in private. The Care Plan should meet the patient's needs. It must be clear as to who is doing what for the patient and what the patient has agreed he will do to support his recovery. The Care Plan should also address your needs as a carer or Named Person e.g. if you are unable to travel to the Hospital due to health issues, it might be possible to arrange for the patient to visit you (escorted by staff) as part of the Care Plan.

Key principles of CPA

- Care and treatment are based on individual needs and will consider the known risks. The care and treatment should be of benefit to the patient.
- Patients should be as involved as much as they can (or want) in their care and treatment.
- Patients must take as much responsibility as they can for their own health and behaviours.
- The views of Carers / Named Persons must be included.
- All of the medical, psychological, and social care needs are considered in one Care Plan. These may also include educational, recreational, life skills, and 'diversity' needs.
- Those attending the CPA meeting will share their views and work together to ensure that the patient receives the best care and treatment possible.
- All professionals involved in the care and treatment of patients have a legal duty to keep patient information confidential.

It is expected that everybody will abide by these principles of good partnership working to develop a Care Plan which works for the patient. The Care Plan objectives will include short and long-term goals and will consider the need for the safety and protection of victims (which may include Carers/ Named Persons) and the general public.

CPA roles

The Consultant Psychiatrist, as the Responsible Medical Officer (RMO), organises all CPA meetings. If the patient consents, an invitation is sent to the Named Person / Carer inviting you to attend. Each member of the Clinical Team must contribute to the CPA meeting. This is also the case for relevant professional partners who work in the community e.g. Mental Health Officers and Police. Sometimes it is necessary to organise an additional contingency planning meeting in order to discuss and agree with local services a future route for ongoing care and treatment e.g. where there are victim locality issues which might determine which area the patient transfers to.

Further information

- The patient's Key Worker will be happy to speak to you prior to and after the CPA Meeting to answer any queries you may have.
- The Social Worker involved with the patient's care is available to support you in your caring role and will be pleased to answer any questions which you may have in relation to the CPA process.
- The Person Centred Improvement Advisor can arrange for support for you to travel to the Hospital to attend CPA Meetings. Email leanne.tennant@nhs.scot / telephone 01555 842054.
- Please contact the Person Centred Improvement Service if you have any access requirements e.g. mobility issues, sensory impairment, or language barriers. Telephone 01555 842072.
- Social Work Service - Telephone 01555 842146.

TERMINOLOGY

Carer - A carer for a State Hospital patient is normally a relative or friend who provides a substantial amount of support to the patient. This might be emotional or psychological support achieved by visiting and keeping in touch.

Care Plan - The Clinical Team at the CPA meeting will agree with the patient a plan to help him to recover and be safe. This is called a Care Plan.

Clinical Team - This is the patient's multi-disciplinary Clinical Team – a group of health professionals who meet regularly and are responsible for the patient's care and treatment.

Care Programme Approach (CPA) - CPA is a way of making sure that every patient with a serious mental disorder has a Care Plan and that all of the information which forms part of the plan is properly shared with the patient and with all of the relevant agencies.

Patients' Advocacy Service (PAS) - Independent advocacy workers assist patients to share their views and can attend a CPA Meeting on behalf of a patient if he chooses not to attend.

Named Person - Someone who the patient can choose to support him and to help to protect his interests under the Mental Health Act. This is normally a relative or close friend.

Responsible Medical Officer (RMO) - The Consultant Psychiatrist is the RMO and legally responsible for the patient's care and treatment.

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