



DEVELOPMENT OF A PERSONALITY DISORDER INTEGRATED CARE PATHWAY (PD-ICP)

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Outline

- What is an ICP?
- Background to ICPs in mental health services in NHS Scotland
- Background to ICPs in NHS Highland
- Current PD-ICP
- Phases of treatment
- Feedback on PD-ICP
- What next?

What is an ICP?

- An integrated care pathway (or ICP) is a person-centred and evidence-based framework. It tells multidisciplinary and multi-agency care providers, people using services, and their carers what should be expected at any point along the journey of care.
- ICPs allow services to compare planned care with what was actually delivered. This information can be used to develop services and improve the patient journey.

Background to ICPs in mental health services in NHS Scotland

- (NHS Quality Improvement Scotland) Standards for Integrated Care Pathways for Mental Health Services (2007)
- 9 process standards
- 12 generic care standards
- Plus condition-specific standards for the five specified conditions

BPD condition specific criterion

- Standard 26: There is a **record of medication** for BPD.
- **Criterion**
26a The care record shows that a treatment algorithm for drug choices based on best practice is followed (for example as described in Tyrer & Bateman, 2004).

Background to ICPs in NHS Highland

- ICPs for each of 5 specific conditions developed
- IT support insufficient
- Potential unfulfilled as result



Meanwhile...

- Changes to DBT
- Changes to PDS
- CAS Day Service
- Changes to Structured Admissions
- STEPPS
- Increased service user involvement
- Phase-based approach
- Inpatient challenges

Increasingly clear that there was...

- Variation in approach across Highland
- Variation in awareness about what interventions available
- Variation in awareness about what intervention most appropriate at each point
- Variation in awareness about how interventions should be integrated into a care plan

Current work

- Widespread support for reviewing and updating BPD-ICP
- First meeting in March 2014
- Wide representation including service users
- Wide consultation including service users
- Desire for bottom-up rather than top-down approach
- Clinical utility paramount

Current work

- ICP to be easily available
- “One-stop-shop”
- Extra objectives over and above 2007 document including:
 - ▣ Opportunity to include all personality disorder, not just borderline
 - ▣ Make NHS Highland’s philosophy of care in relation to personality disorder explicit

How the work developed

- 12 sections identified with 12 subgroups
 - Introduction
 - Assessment, diagnosis and formulation
 - General considerations
 - Self-management
 - Crisis management
 - Psychosocial interventions
 - Medication
 - Education and awareness
 - Consultation and liaison
 - Community
 - Personality Disorder Service
 - In-patient

PD-ICP Timeline

- March 2014 – First meeting
- January 2015 - Drafts put out for broad consultation in early
- February 2015 - Document finalised
- November 2015 - Final electronic document with all associated resources, referrals forms etc put on NHS Highland internet site
- January 2017 - Survey around usability and usefulness

An example of how the ICP has helped co-ordinate service delivery

- Phase-based approach can help identify gaps in service provision and clarify focus of treatment

Phases of treatment

Phase 1 Safety & Stabilisation (Present)

- *safety, containment and promotion of self-regulation and control.*
- *Interventions with this focus include STEPPS and DBT.*

Phase 2 Exploration & Change (Past)

- *to identify and make changes to the factors which underlie the unhelpful behaviours. i.e. dealing with the effects of trauma and dissociation; treating self and interpersonal problems; and treating maladaptive traits.*
- *Interventions include trauma-focused CBT, EMDR and DBT-PE.*

Phase 3 Integration & Synthesis (Future)

- *to promote a more integrated sense of self and a healthier interpersonal environment –new leisure activities, occupational/educational activities, new roles and relationships.*
- *Interventions include Vocational Rehabilitation and the CAS Day Service.*

Activity



NHS HIGHLAND INTEGRATED CARE PATHWAY FOR PERSONALITY DISORDER

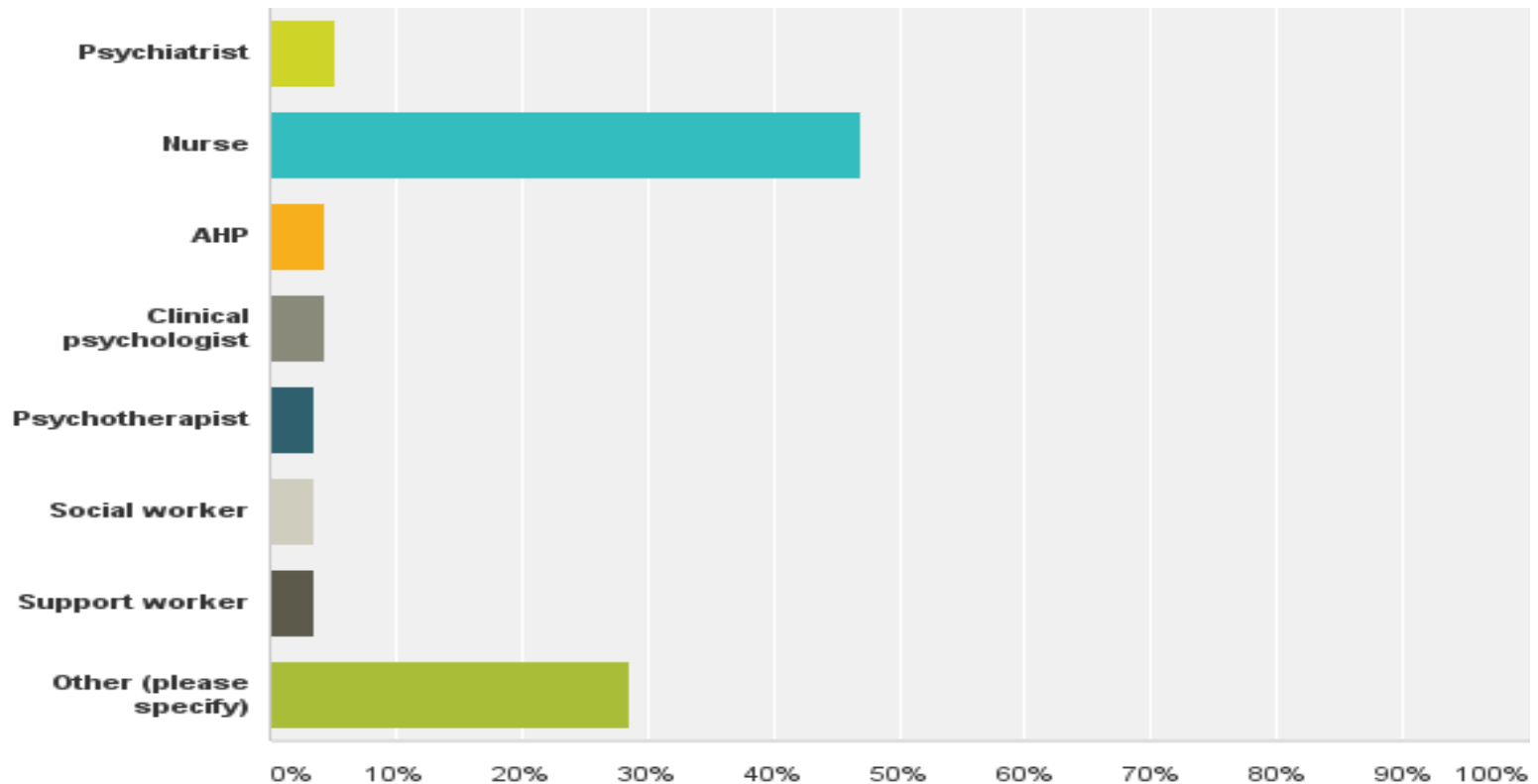
Survey Monkey Survey

Method

- Survey Monkey software used
- Sent to all NHS Highland.
- 116 responses

Q1: What is your main role?

□ Answered: 115 Skipped: 1

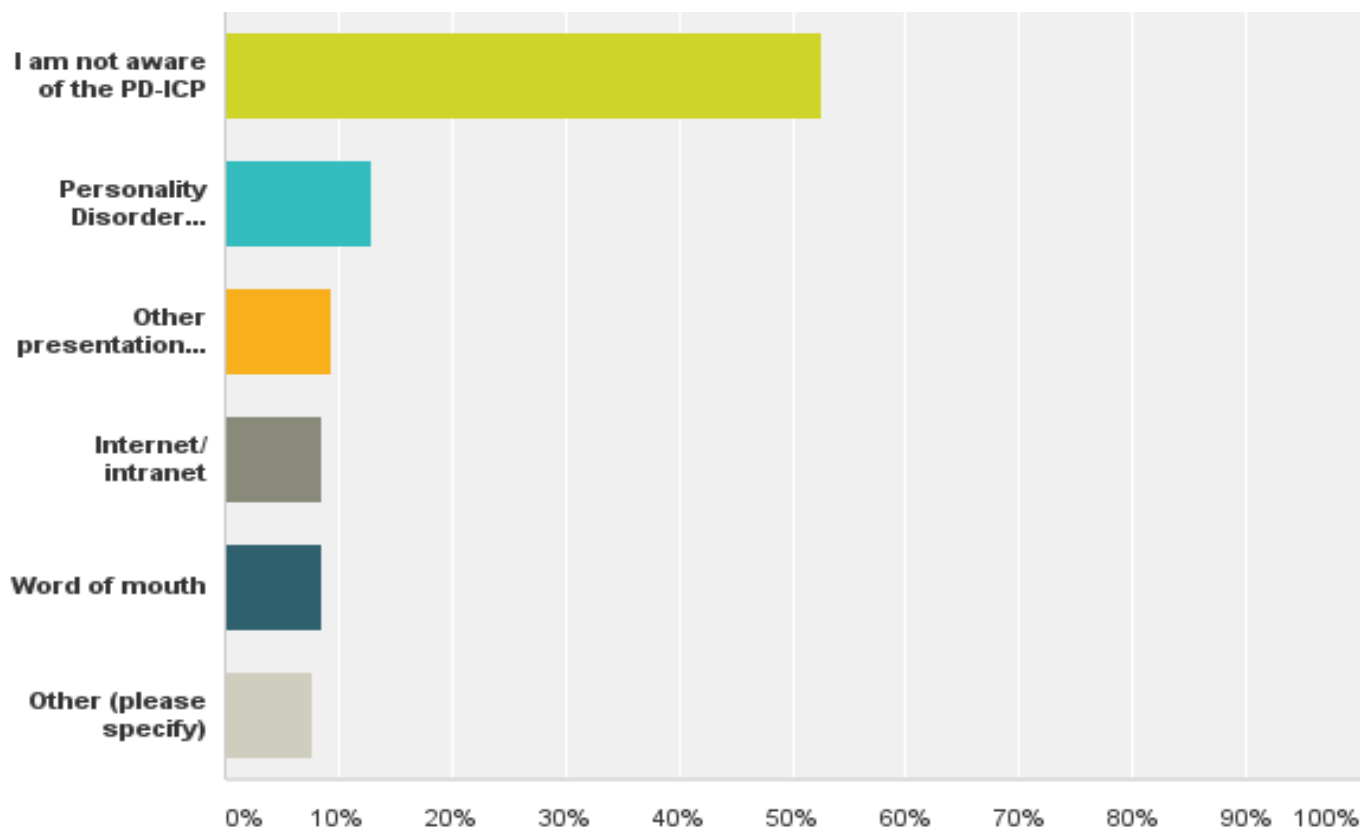


Other roles

- GP x 10
- Pharmacist x 4
- Midwife x 2
- Healthcare Science x 1
- Guided self help worker x 1
- Neurologist x 1
- Surgeon x 2
- A+E nurse x 1
- Consultant in pain medicine x 1
- Consultant Anaesthetist x 1
- Carer x 1
- Doctor x 1
- Admin x 3
- Physician x 2
- Moving and handling instructor x 1

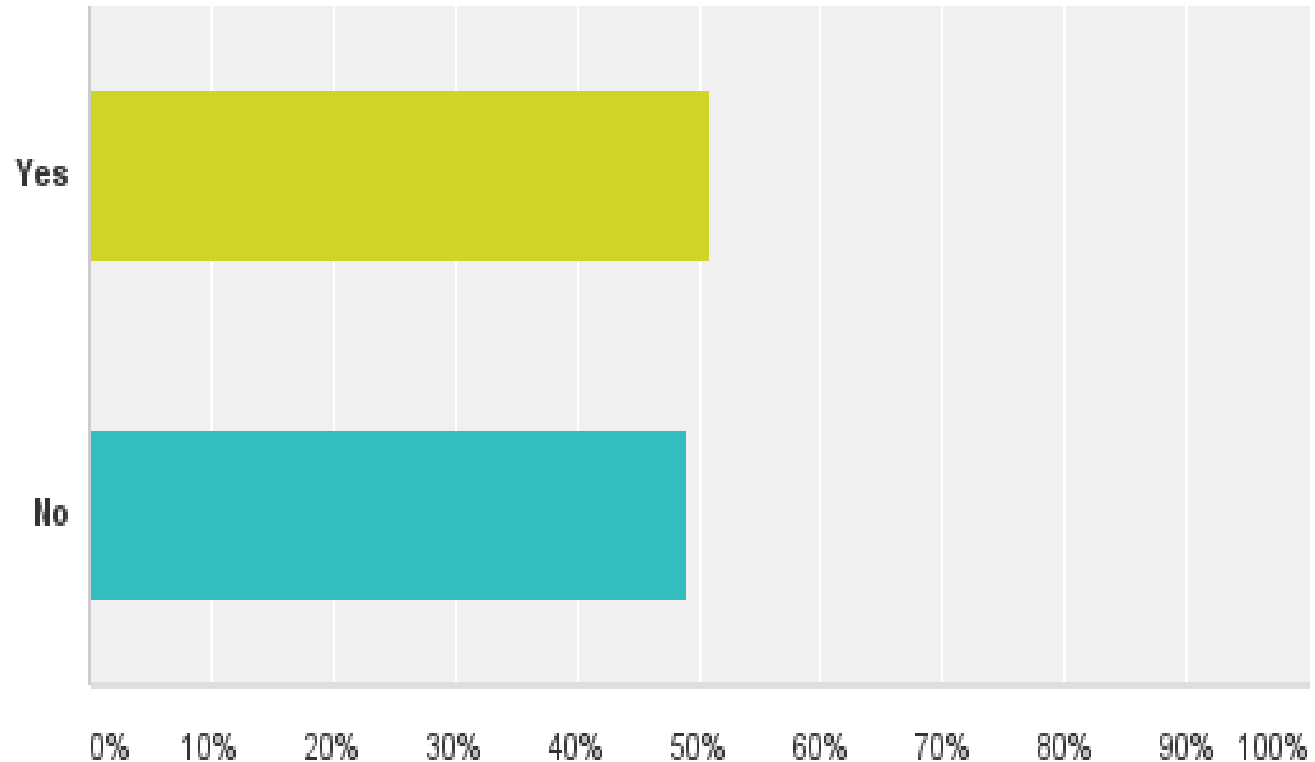
Q2: How did you find out about the NHS Highland Personality Disorder Integrated Care Pathway (PD-ICP)?

□ Answered: 116 Skipped: 0



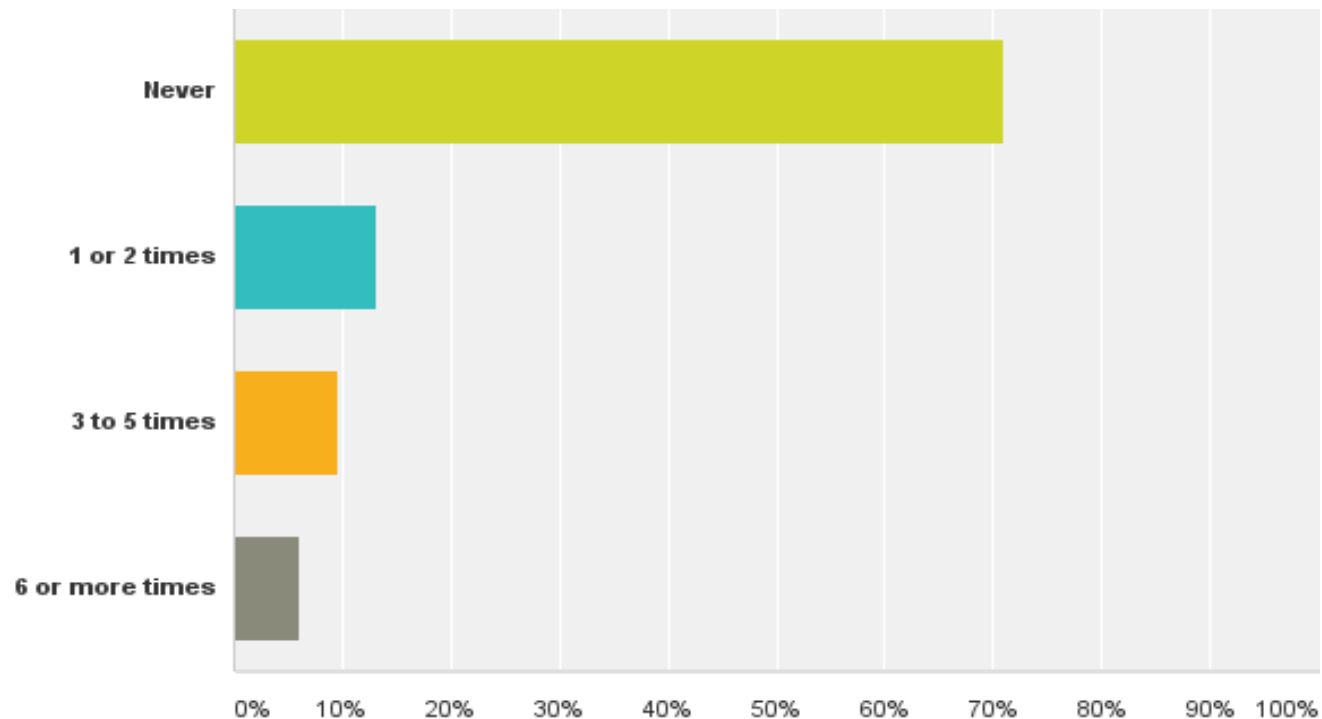
Q3: Can you access the PD-ICP?

□ Answered: 104 Skipped: 12



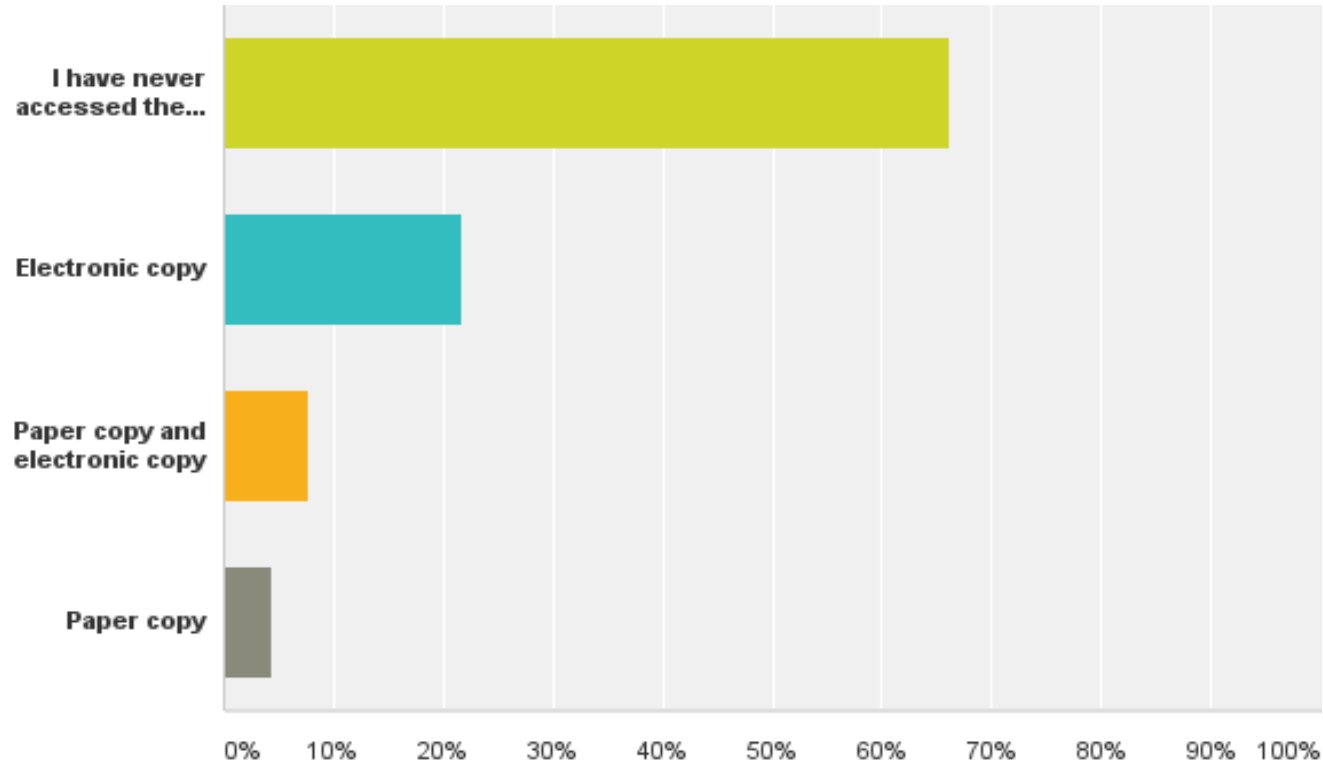
Q4: How often have you used the PD-ICP?

□ Answered: 114 Skipped: 2



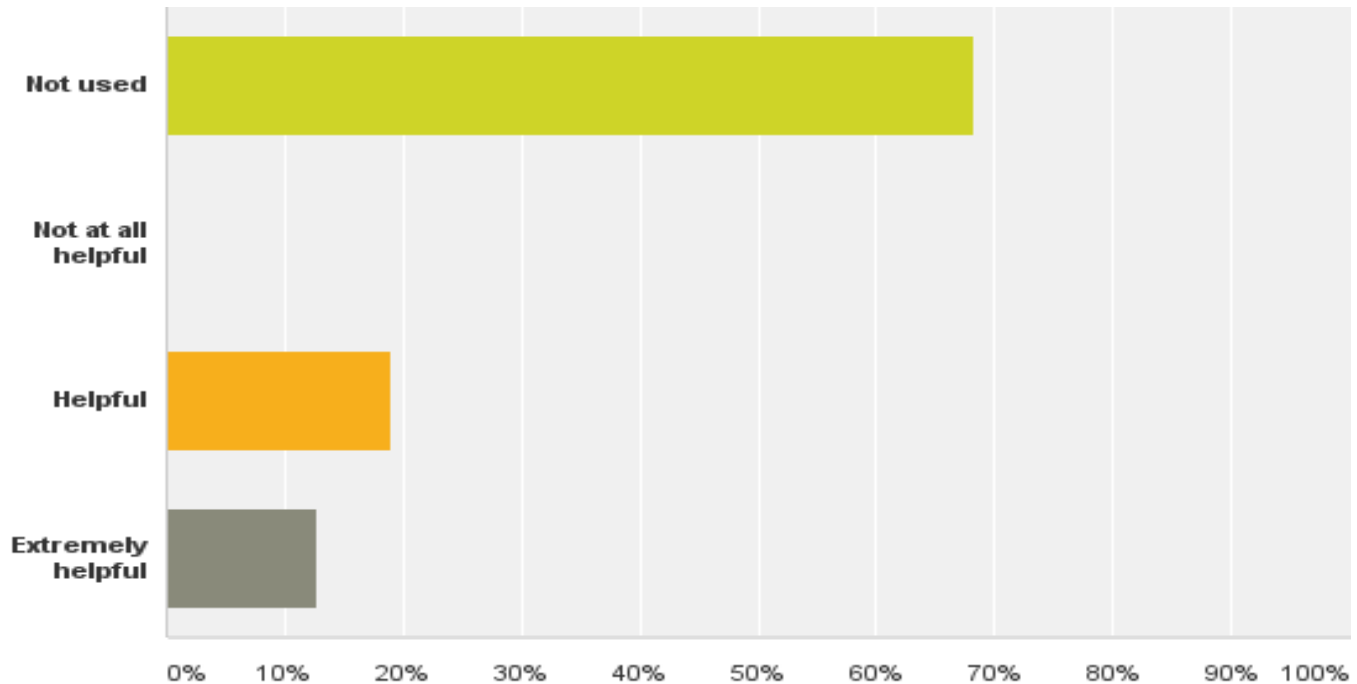
Q5: How have you accessed the PD-ICP?

□ Answered: 115 Skipped: 1



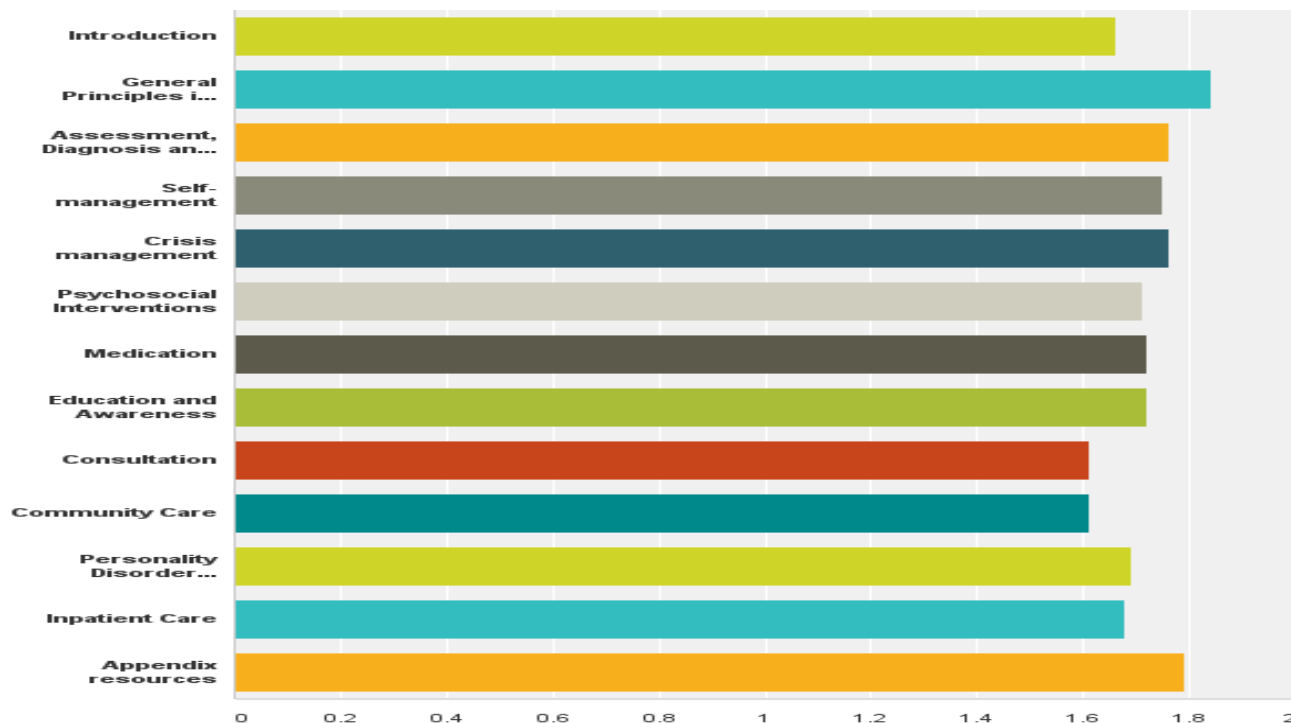
Q6: How helpful have you found the PD-ICP overall?

□ Answered: 110 Skipped: 6



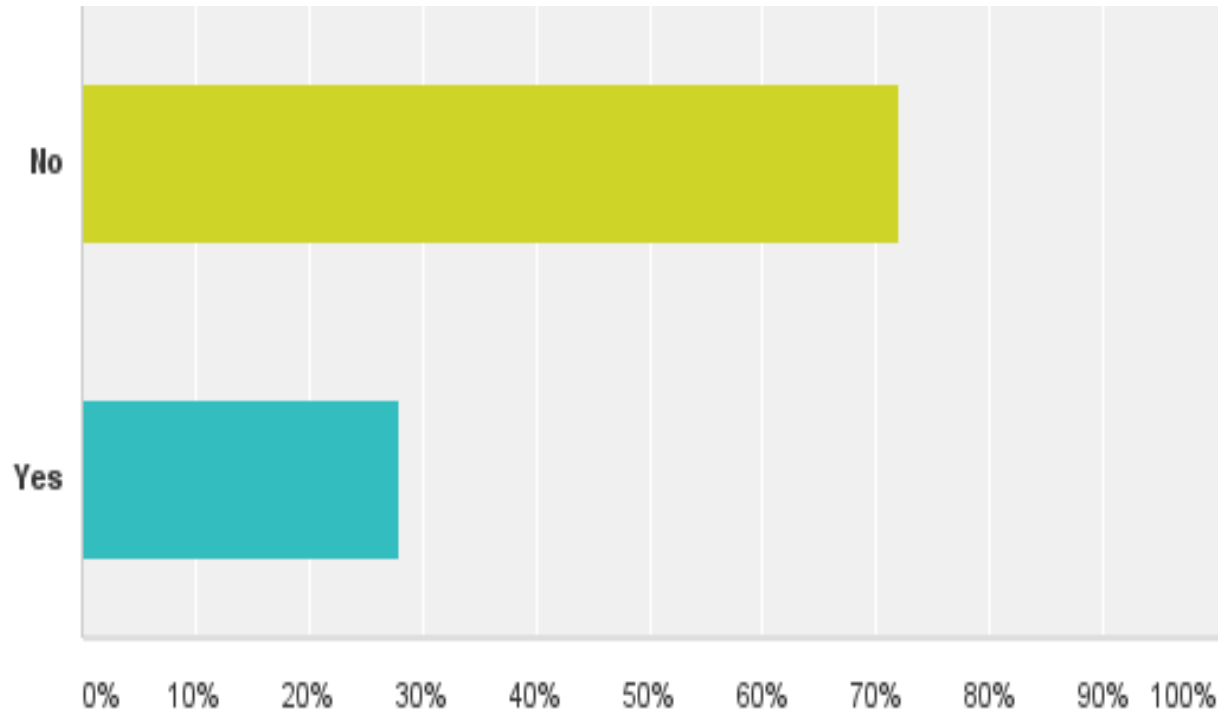
Q7: How helpful have you found each of the sections of the PD-ICP?

□ Answered: 106 Skipped: 10



Q8: Has the PD-ICP has altered your practice in any way?

□ Answered: 104 Skipped: 12



- Increased consistency/clarity/structure (13)
- Increased collaboration (1)
- Positive risk taking (1)
- Time limited input (1)
- More positive approach (2)
- Signposting for staff/patients (5)
- Medication (3)
- Crisis planning (1)
- Crisis admissions (1)

Q9: What suggestions do you have for improving the PD-ICP?

- None (10)
- Increase awareness (14)
- Increase access (6)
- Training (2)
- Make it shorter (2)

Specific areas suggested

- Mindfulness
- Self help skills training for clients
- Triage
- Substance Misuse (2)
- Eating Disorders
- Families and carers
- Re-think terminology (Personality disorder)
- Signing sheet for services
- Consultation to localities
- Include Argyll and Bute

Q10: Have you any other comments about the PD-ICP?

- Helpful (7)
- Promotes changes in practice (6)
- Wish had known about it (5)
- Use of evidence (1)
- Plan to learn more (4)
- Would like training (2)
- Referrals very long (1)
- Need to offer more for carers (1)
- Questioning usefulness of diagnosis (1)

Learning Points

- 52% not aware of ICP
- 49% don't know how to access
- 66% have never accessed
- 68% have never used
- 72% no change in practice
- All those who used found helpful and most described a change in practice
- Suggested areas for development highlighted

Action points

- How do we increase awareness and knowledge of how to access?
- How do we encourage people to use it and change practice?
- Areas for further development?

Thank you.

