PICU CARE PATHWAYS & NATIONAL POLICY

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PLAN

• Definition of an ICP
• Care Pathway Examples
• ICP Development
• National & Local Guidelines
• 2012: Key Agencies & Policy Drivers
• PICU and Low Secure Guidance
• Guy Cross from DH

PICU INTEGRATED CARE PATHWAY

• DYNAMIC INSTRUMENT DEVELOPED BY ALL STAKEHOLDERS IN LINE WITH THE BEST AVAILABLE EVIDENCE

• PROVIDES PERSON-FOCUSSED CARE FOR PATIENTS IN THE ACUTELY DISTURBED PHASE OF A SERIOUS MENTAL DISORDER

• PROVIDES QUANTITATIVE OUTCOMES

• EVOLVES IN RESPONSE TO VARIANCE, RESEARCH, AND CHANGES IN LOCAL & NATIONAL PRIORITIES

• PROMOTES THE GOAL OF CLINICAL EXCELLENCE, RESEARCH EXCELLENCE, AND TRAINING EXCELLENCE IN THE AREA OF PICU
CARE PATHWAYS: SEEN FROM DIFFERENT LEVELS

META-PATHWAYS

ACUTE INPATIENT CARE PATHWAY

PICU PATIENT TYPES/ PATHWAYS

PICU CLINICAL INTERVENTIONAL PATHWAYS

PICU CLINICAL INTERVENTIONAL PATHWAY: RAPID TRANQUILISATION
PICU CLINICAL INTERVENTIONAL PATHWAY: MEDICAL SECLUSION REVIEW

LOGISTICS → INFORMATION-GATHERING → MENTAL STATE EXAMINATION

DEBRIEF → RISK ASSESSMENT → PHYSICAL HEALTH ASSESSMENT

MDT DECISION-MAKING → RECORDING → REVIEW

PROPOSED PICU PATIENT TYPES AND PATHWAYS

This flowchart is an adaptation of Figure 2 in Reference 7. For further reading and more Development of patient care tools in psychiatric intensive care, Journal of Psychiatry Intensive Care, Vol 4, No 3, 2004.

<table>
<thead>
<tr>
<th>PICU (STANDARD ADMISSION)</th>
<th>PICU (SPECIALIST INTERVENTION REQUIRED)</th>
<th>EXTENDED PICU (LONGER-STAY PICU)</th>
<th>NOT FOR PICU</th>
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POST-REFERRAL PICU ASSESSMENT & PRELIMINARY PATIENT TYPING

PATIENT ADMITTED, INDIVIDUALISED CAREPLAN ESTABLISHED & PATIENT TYPED

TREATMENT REVIEWED & CAREPLAN ESTABLISHED

Cycles of liaison, review and escalation

MDT Review

REFERRAL TO SPECIALIST SERVICE

MDT & MULTI-AGENCY REVIEW

IDENTIFIED AS INAPPROPRIATE FOR PICU

TRANSFER OR DISCHARGE PLANNING (CPA)

SEEK MANAGEMENT ASSISTANCE IF NECESSARY

TRANSFER OR DISCHARGE
Benefit of an ICP ...

• Standardisation: of clinical care.
• Measurement of outcomes: clinical and operational.
• Management tool: activity data, local needs data, workforce planning – accurate costs.
• Quality: set benchmarks for best practice.
• Safety: error tracking, adverse event reporting.
How Much Regard To Give To National And Local Guidelines?

- Minimum Standard of Care Expected of Responsible Authorities.
- Legal Principles from the Bolam and Bolitho cases.

- **Bolam v Friern Hospital Management Committee** [1957] 1 WLR 582
  - Doctor not negligent if he had acted in accordance with practice accepted as proper by a responsible body of medical opinion.

- **Bolitho v City & Hackney HA House of Lords** [1997] 3 WLR 1151
  - In applying the test, experts must direct their attention to the question of comparative risks and benefits to reach a defensible conclusion.

- **Thomson v James & Others** [1996] 31BMLL
  - Negligence occurred in spite of doctor fulfilling the Bolam test.
  - Court permitted the consideration of a professional guideline as indicating expected standard of care!

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National and Local Guidelines

- Clinical Governance: requires local and national guidance to be incorporated into clinical practice.

- Following an ICP is no guarantee of immunity!

- Guidance from Professional Organisations, DH or other government bodies is taken very seriously!

- Professional Organisations and Policy Makers need to be aware that the courts can also criticise guidance – there is caselaw precedent!
SEVEN PRINCIPLES FOR ACUTE MH

1. SERVICE USER & CARER INVOLVEMENT
2. EFFECTIVE CARE PATHWAY
3. EQUITY OF PROVISION
4. INDIVIDUALISED WHOLE-PERSON CARE
5. RECOVERY AND SOCIAL INCLUSION
6. SAFETY OF SERVICE USERS, STAFF AND VISITORS
7. MOTIVATED AND SKILLED STAFF

CORE UNDERPINNING NATIONAL POLICY

• NATIONAL SERVICE FRAMEWORK (DH 1999)
• MH PIG (DH 1999)
• MH PIG: ACUTE ADULT INPATIENT CARE (DH 2002)
• MH PIG: NMS FOR PICUS AND LOW SECURE ENVIRONMENTS (DH 2002)
• NSF FOR MENTAL HEALTH: 5 YEARS ON (DH 2004)
OTHER UNDERPINNING NATIONAL POLICY

- CARE PROGRAMME APPROACH
- HC ACUTE INPATIENT ASSESSMENT FRAMEWORK
- DELIVERING RACE EQUALITY
- COMMISSIONING FRAMEWORK FOR HEALTH AND WELLBEING
- NATIONAL SUICIDE PREVENTION STRATEGY
- NEW WAYS OF WORKING FOR PSYCHIATRISTS
- NEW WAYS OF WORKING FOR EVERYONE
- CREATING CAPABLE TEAMS APPROACH

2012: KEY NATIONAL AGENCIES

- DEPARTMENT OF HEALTH
- CARE QUALITY COMMISSION
- MEDICINES AND HEALTHCARE PRODUCTS REGULATORY AGENCY (MHRA)
- MONITOR
- NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE)
- NHS COMMISSIONING BOARD SPECIAL HEALTH AUTHORITY
- NHS CONNECTING FOR HEALTH
2012: OVERARCHING POLICY DRIVERS

- NHS OPERATING FRAMEWORK
- NHS OUTCOMES FRAMEWORK
- NICE QUALITY STANDARDS
- COMMISSIONING FOR QUALITY AND INNOVATION SCHEME (CQUIN)
- QUALITY ACCOUNTS
- NHS CONSTITUTION
- ESSENCE OF CARE
- NO HEALTH WITHOUT MENTAL HEALTH; MENTAL HEALTH STRATEGY IMPLEMENTATION FRAMEWORK
PICU AND LOW SECURE

• 2002: Mental Health Policy Implementation Guide: National Minimum Standards for General Adult Services in PICU and Low Secure Environments (DH & NAPICU)


• 2010: AIMS-PICU (NAPICU and RCPSych)

• 2010-2011: Guidance on PICU and Low Secure

• Jan 2012: PICU and Low Secure Good Practice Commissioning Guides

• Apr 2012: Consultation End

• Apr – Sept 2012: Further Review Of PICU and Low Secure Good Practice Commissioning Guides With Key Stakeholders

• ? By The End of 2012: PICU and Low Secure Good Practice Commissioning Guides

• 2012-2013: NAPICU refreshing the 2002 NMS with up-to-date clinical standards relevant to PICU and Low Secure

THANKS FOR LISTENING
OVER TO GUY CROSS FROM THE DEPARTMENT OF HEALTH