CORE Learning Collaborative: CRT Links & Interactions

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Introduction

- Teams: Northants South / South Camden
- Fidelity Reviews conducted August / September 2014
- Common themes:
  
  7. The CRT facilitates early discharge from hospital

  34. The CRT works effectively with other community services
CRT / Acute Wards

The CRT facilitates early discharge from hospital

- CRT staff attend all acute wards serving the CRT catchment area at least three times per week to screen all service users for potential early discharge x x

- CRT staff assess in person for early discharge for at least 50% of voluntary patients or patients detained for assessment in local acute wards x

- CRT staff assess in person for early discharge for at least 80% of voluntary patients or patients detained for assessment in local acute wards x

- At least 20% of the CRT’s caseload are service users being supported with early discharge from hospital x

- The CRT facilitates a patient leaving the ward within 24 hours for at least 90% of patients identified by the CRT and ward staff as ready for early discharge x

- There is all-source agreement that the CRT offers a same-day home visit to CRT service users discharged from hospital x
CRT / Community Services

The CRT works effectively with other community services

• Communication and joint meetings between CRT and involved staff from other community mental health services are evident for at least 80% of service users with involved community services during CRT care x x

• CRT discharge plans and treatment summaries are routinely sent to GPs and involved mental health services promptly (within 3 days) at the end of CRT care (for at least 80% of service users) x

• The CRT has an identified link worker or equivalent for at least one key community mental health service who visits the service at least monthly to discuss joint working issues x x

• CRT and community mental health service managers meet at least every two months to review care pathways and referral protocols and address issues re joint working x x

• There is all source agreement that there are good working relationships between the CRT and other community teams x
Commonalities

• Clarity around remit and function of CRT
• Appropriateness of referrals
• Referral sources & response times
• Lack of formalised links between services
• MDT working & joint decision making: discharge planning
• Length of treatment episode
• Changes in secondary care AMH services
Priorities

• Begin and maintain dialogue between services - consistent communication
• Agreement on areas of improvement / benefits realisation
• Revisit care pathways for all diagnoses and presentations – adherence to CRT model
• Review of operational policy and processes - ownership
• Maintenance of a proactive approach to service development