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## Service innovations: the eCPA

### A computerised Care Programme Approach planning system

This paper describes the implementation, merits and future potential of the eCPA – a computer-based Care Programme Approach (CPA) system for care planning. The system is designed to improve the quality of information in CPA care plans and, for the first time, to enable the rapid and standardised adoption of evidence-based good practice by all community mental health team (CMHT) staff.

The CPA is the central element of the Government's policy for the coordination and delivery of mental health services (Department of Health, 1999a,b). At the core of this approach are regular reviews of progress by a multi-disciplinary team and the compiling of a written care plan agreed by and to be acted on by all the team.

Past failures of communication between agencies have been noted all too frequently (Appleby, 2000). The care plan, properly used, provides an invaluable tool for improving the delivery of community mental health services. But there can be problems in using CPA forms. A recent audit into their use, conducted at the Maudsley Hospital, found shortcomings, including concerns about illegibility and a failure to complete sections in sufficient detail (further details available from the author upon request). The eCPA was introduced to ameliorate these shortcomings.

### The community practice area

The team (St Giles Team 3) that has been developing the eCPA is based at the Maudsley Hospital in south London. It provides community mental health services in Peckham, an inner-city area of high socio-economic deprivation (population approximately 43 000). The CMHT comprises the standard professional disciplines of an integrated service. It has approximately 175 patients registered on Level 2 of the CPA.

### How the eCPA is used

The care coordinator in the community types out the CPA care plan form using a Microsoft Word document template of the CPA form (see Box 1). This is then brought to the CMHT's weekly case review meeting either on a floppy disk or by e-mail. The CMHT reviews its patients around a table served by six flatscreen monitors connected to the trust's local area network. The team can all view the CPA care plan form as a document on screen. The team discusses each case section by section and amendments are keyed into the eCPA at the meeting. By the end of the meeting a completed and finalised CPA care plan document can be printed and distributed. Where a formal CPA or Section 117 review is

#### Box 1. Main headings of the current release Care Programme Approach (CPA)

- registration details
- details of review dates and if subject to any restrictions
- a list of individuals involved in the case, along with contact addresses
- a comprehensive summary of needs, including details of risk behaviour
- action plan
- list of medication (with a section for recording any side-effects)
- a contingency and crisis plan
- ICD-10 diagnosis (World Health Organization, 1992)
- a section for the users' comments

A fuller description of the CPA can be found in the trust's CPA Policy Document and the current release of the CPA, along with the CPA form, can be obtained by post from Martin Lawlor, CPA Manager, Maudsley Hospital, Denmark Hill, London SE5 8AZ (please send a disk if the eCPA is required), or by e-mail: martin.lawlorceslam-tr.nhs.uk.

held with the patient, carer and others present, the eCPA is produced in advance, circulated on paper and adjusted according to the outcome of the discussion, to provide an authoritative hard copy. The completed eCPA care plan is then e-mailed to the acute ward, the hospital's emergency clinic and any other involved agencies. The CPA manager is sent the original signed copy, a copy is filed in the case notes and the general practitioner (GP), the patient and/or his/her carer is given a copy.

### Incorporating 'PraTips'

Recognising the need to get up-to-date evidence-based good practice implemented by our multi-disciplinary CMHT, we have introduced into the eCPA good practice points or 'PraTips' sourced from acknowledged experts in disciplines as varied as clinical psychology and welfare. A library of PraTips is provided, some of which are already placed within the eCPA template. Others are available as e-mailed updates for keyworkers to select depending on the patient's needs. PraTips are referenced and paper copies of these articles are kept (see Box 2 for an example).

The system is evidence-based and can be updated whenever a new point of good practice emerges. Thus, in response to a paper demonstrating the benefits of motivational interviewing to improve compliance (Kemp *et al*, 1996), the form can be adapted by inserting a yes or no question whether motivational interviewing had or had not been considered. The evidence base is graded,

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presently using the system cited by Thornicroft (Thornicroft, 2000).

## How has the eCPA been received?

The eCPA has been welcomed by staff – with a take-up rate of almost 100%. Patients also seem to welcome the legibility and detail of the forms and have, so far, expressed no concerns.

## Benefits of the use of the eCPA

The benefits of the eCPA may be summarised as follows:

- the removal of problems of handwriting illegibility
- care plans are longer and more detailed, no longer constrained by the size of boxes on paper forms
- care plans are adjusted more frequently by CMHT staff, who no longer have to completely rewrite the forms by hand; the plans better reflect the current needs of patients
- staff of all disciplines can be continuously prompted and educated by the PraCtips, with the potential for higher standards in routine clinical practice and service delivery
- the availability of the form on-screen at team meetings directs discussions onto patients' key needs, and ensures that the CPA form genuinely does reflect a multi-professional consensus approach
- all the relevant parties can be provided with a copy of the plan quickly and efficiently by e-mail. This can also improve the transfer of information between different agencies
- the template of the eCPA care plan can be amended easily with no printing costs. With each revision the CPA care plan becomes increasingly comprehensive
- the form assists audit because it provides easy access to the information and an improvement in the quality of information. Once in electronic format, the information

lends itself to statistical analysis and key words can be searched for

- once typed, the information can easily be cut and pasted into other documentation where appropriate, saving time previously spent in copying information from the CPA form
- the eCPA system, being based on Microsoft Word, lends itself to rapid uptake
- the system of PraCtips offers a vehicle for the rapid national dissemination of good practice information to CMHT staff through trust intranets and, in due course, over the internet from central validated sources.

## Issues arising

The move to electronic CPA record-keeping does give rise to additional legal and practical implications. The maintenance of information on the eCPA is covered by the Data Protection Act. Compliance with the Act has been ensured by following the *Information Management and Technology Security Policy* produced by our trust. It is not envisaged that eCPAs would be e-mailed outside a trust intranet. This policy follows the guidelines given in the Health Service Circular *Data Protection 1998: Protection and Use of Patient Information* (Department of Health, 2000).

The use of electronic media stored on different machines can give rise to issues of version control. A disciplined approach is needed to avoid confusion about which electronic version of the eCPA is the latest authoritative version. A disciplined approach is essential also to archiving the electronic files and the keeping of hard copies of the form.

## Further applications and improvements

### Promotion of good practice

The eCPA provides a powerful means of meeting the need (Palmer & Lelliott, 2000) for dissemination of evidence-based good practice notes at the point of service delivery. Our clinical and academic staff are continuing to compile good practice points gleaned from the literature, supplemented by good sense points where such literature does not exist. These PraCtip points are available to be added to the appropriate sections of the eCPA care plan template. We believe it will be possible to include a footnote or hypertext link to explain the importance of PraCtips. It is now feasible to incorporate hypertext links to an abstract or full online version of the article that provides the evidence base for PraCtips.

We hope that in due course the eCPA will be standardised nationally in an agreed format, providing country-wide dissemination of PraCtips from a nationally recognised commissioning and reviewing body.

### Use with primary services

As well as providing up-to-date information to front-line services such as emergency psychiatric clinics, the eCPA

### Box 2. An example PraCtip commissioned from the discipline of clinical psychology

Carers implemented?: Yes    N/A    Pending

- Have you remembered to consider sibling carers as well as parents or partners?
- Have you formally offered an assessment of carer needs in their own right?
- Have you offered information and support if a need has been identified?
- Have you offered family intervention if there is evidence of poor relationship and frequent relapses?

Note: there is evidence that the impact of caring for patients responds to improvements in patients' symptoms and social functioning and increases in general social network and confidante support.

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can also improve communication with primary care services by providing GPs with a concise and succinct summary of the patients' problems and care plans, including relapse and risk information. We intend working with our GPs to establish eCPA care plan registers on their computer networks, once issues of data security have been addressed.

### Automation of form completion

It may be found in the future that greater utility can be provided by including a greater level of automation into the forms. Already staff use 'Autotext' to store commonly used words and sentences. Future developments could include drop down menus so that the diagnosis or the drug dosage can be chosen from an on-screen listing, instead of having to be looked up and then typed in full. The form could be programmed with predictive text entry. It may be possible to adapt the form to link to a relational database to allow data to be drawn from or exported to patient or case records.

However, most of these advances would probably involve bespoke programming and would be difficult to implement while the eCPA form remains in its current format as a standard Microsoft Word template. For the present, the advantage of almost universal compatibility when e-mailing the documents probably outweighs the advantages that these innovations might offer.

### Conclusion

The simple act of placing the paper-based CPA care plan form into an electronic format brings considerable benefits to CMHT staff and patients, providing an inexpensive, rapid method of improving the quality and communication of the care plans. Furthermore, these eCPA care plans provide an ideal medium for the dissemination and adoption of good practice by CMHT staff. Practice notes and form-based working will never replace the skill and

experience of the team, but can provide a helpful tool to promote good practice – and reduce the potential for errors and omissions.

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### Declaration of interest

None.

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## Service innovations: development of a psychoeducational programme for patients with personality disorder

#### AIMS AND METHOD

This study describes a survey of in-patients with personality disorder admitted to a specialist personality disorder unit, in terms of their knowledge and understanding of their diagnosis, and the subsequent development of a psychoeducational programme.

#### RESULTS

Overall, patients had a poor knowledge and understanding of their diagnosis. Most had not had their diagnosis explained to them, and if they had, they had not retained the information. Consequently a structured psychoeducational programme was developed, incorporating diagnostic information obtained at the pre-admission assessment.

#### CLINICAL IMPLICATIONS

Diagnostic information for those with personality disorder, even when it is available, is not transmitted to patients. Imparting this information through a psychoeducational programme is one way in which the therapeutic relationship between patient and clinician can be strengthened.