

This document provides further information about the newly co-designed Intervention Pathways as well as some FAQs

What are the Intervention Pathways?

The list of pathways was created during stage 2 of the All Age Transformation Programme. It represents problems and conditions that are faced in day to day practice. Each pathway represents the way that we want to be treating its respective condition. They do not represent a proscriptive guide on how treatment should be undertaken and do not limit clinical judgment. Instead they represent the typical interventions that would be offered and the likely journey of a patient between them. Patients are not expected to use every part of a single pathway and may access parts of multiple pathways at the same time.

The pathways allow us to plan our service in a way that can deliver best practice and evidence-based care. This is done by ensuring that our resources are put where they are most needed so that services are provisioned for what they are expected to deliver in a fair way that provides a consistent quality of care regardless of what a patient is being seen for.

The pathways help us to do this by identifying the interventions we want to offer as standard and their likely order. We are able to identify what skills are required to deliver a pathway and what team structures make the most sense. This information will be combined with analysis of the prevalence of different conditions, the time taken for interventions and other factors to determine what is required to deliver the pathway in a safe and timely manner.

Having a clear image of what a likely patient journey may be also allows us to support the journey through our service by reducing the number of internal barriers and duplications where possible. At a later stage a version of these care pathways will also be available to all those using our services. This will provide them with some general information about the journey with us. It is not intended to provide a list of treatments they should expect to receive but to provide information about what might happen next in a patient's care.

Intervention Pathways – FAQs

How were the pathways designed?

These pathways were created through a process of co-design. This means involving people with different points of view in the creation of the pathway both from within our organisation and from outside.

How will the pathways affect my clinical decision making?

We don't want to restrict your ability to offer the most appropriate treatment. The Pathways provide a framework for you to exercise your clinical judgment. They can also act as a point of reference to ensure that we are able to offer consistency in the types of care that we deliver and we only ever knowingly deviate from this.

There are some therapies listed here that we don't offer. Does that mean we will start to offer them?

We don't know for certain what therapies we will be able to offer yet. What we do know is some therapies are known to be highly effective and we want to give the best care we are able to all our patients. When the pathways are finalised we will have a clear picture of what can and can't reasonably be offered.

Would a patient be expected to have every treatment listed?

No. The clinicians involved will use their professional judgment to determine the right management plan from the available options in collaboration with their patients.

Do we need this many pathways?

The number of pathways was determined in the workshops in stage 2 of this programme. They represent the mental health conditions we assess and treat in day to day practice.

Will this replace the current cluster system?

It is a national initiative so we are unable to remove it completely but we will streamline it as much as possible.

What will happen to those who have needs other than medical ones?

We have a separate work stream around identifying and supporting other needs of patients. This will provide staff with information on the support available for various non-medical needs of patients and how to most easily access this support. This will be open to all pathways. It is often described as social prescribing.

What happens to those that need social care?

This transformation programme has involved our colleagues in social care. We are keen to work with them to provide a high level of care. There are obstacles to this but we are working to overcome them as best we can.

What happens to people who present with symptoms that don't just fit in one pathway?

People will be able to access multiple pathways at the same time. Their lead professional will represent what their primary need is during the initial assessment. As the situation

evolves, the lead professional and which pathways the patients access may change. The lead professional can use interventions from their pathways as they believe is appropriate.