

NHS GG&C Mental Health Service Care Programme Approach Guidance

Important Note:

The Intranet version of this document is the only version that is maintained.

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Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

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	October 2022	Review and slight change to guidance	Catriona Wilson, Charles Harty, Tracy Wood, Hayley McWilliam, Ashley Frize

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1. SLWG Membership

Adrian Leitch	Lead Nurse, Low Secure Services/ CPA Manager, NHSGG&C
Catriona Wilson	Forensic CPA Coordinator
Charles Harty	CPA Coordinator
Ashley McDonald	Forensic CPA Coordinator
Tracy Wood	CPA Coordinator
Hayley McWilliam	CPA Coordinator
Ashley Frize	CPA Coordinator

2. Background and Introduction

The Care Programme Approach (CPA) within NHS Greater Glasgow & Clyde is a multi-agency initiative introduced by the government in 1993 in Scotland. The main aim of the programme is to ensure that people with severe and enduring mental illness or a learning disability, who have complex health and social care needs, have coordinated, effective and well managed packages of care.

The Care Programme Approach provides a framework for the discussion, coordination, recording and communication of patient care and treatment, for inpatients and outpatients. It is also a vehicle for communicating and reviewing risk management.

CPA should be user-friendly for all of its users. This equally applies to referral processes, arranging meetings, the format of meetings and the use of documentation. The collation of an up to date and accurate care plan (as part of the CPA documentation) should be a key priority within the CPA process. In cases where patients are subject to Enhanced CPA, minutes would be provided. Patients can move between standard CPA and Enhanced CPA depending on their current assessed risk status.

The governance of CPA will include regular audit, this audit will be based on the CPA Standards detailed in section 6.1 of this guidance.

2.1 Enhanced CPA

In April 2008, following publication of CEL 13 (2007), The Care Programme Approach (CPA) was adopted as the mandatory mechanism for regular review of all mentally disordered offenders subject to a Compulsion Order and Restriction Order (CORO) under the Management of Offenders (Scotland) Act 2005. This process is fully explained in the Memorandum of Procedure on Restricted Patients, May 2010. These patients are on Enhanced CPA, which is utilised for all patients within the GG&C Forensic Directorate. This documentation includes minutes of the CPA discussion, details of offending history, scenarios from the risk assessment, care plan, traffic light risk management plan, risk summary, exclusion zones (where applicable), nursing, occupational therapy, SLT and psychology reports and Suspension of Detention plans.

3. Scope

This guidance applies to all staff working within NHS Greater Glasgow & Clyde Mental Health Services, including Adult and Older Adult Mental Health, Learning Disabilities, Alcohol and Drug Recovery Services, Forensic Services & Adolescent Services.

4. Equality & Diversity Impact Assessment Statement

The Care Programme Approach Guidance is committed to Equality, diversity and human rights in line with NHS Greater Glasgow and Clyde's purpose, as set out in its Corporate Plan 2013 – 16 to: "Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities." (A Fairer NHS GGC 2016-20)

All public sector organisations including Health Boards are required to comply with the Equality Act 2010. The Act establishes a Public Sector General Equality Duty that requires organisations, in the course of their day to day business, to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act
- Advance equality of opportunity between persons who share a relevant characteristic and persons who do not
- Foster good relations between people who share a protected characteristic and those who do not

The characteristics referred to in the Equality Act 2010 have been identified as age, disability, sex, gender reassignment, pregnancy and maternity, race and ethnicity, religion and belief, sexual orientation and marriage and civil partnership.

In line with this ambition, all staff should be aware of the following policies and are responsible to ensure that they are up to date with new equality legislations/ policies:

- Equalities In Health - web site - <http://www.equalitiesinhealth.org/>
- Clear For All - web site - <http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/AIP/AIP%20Refresh/AIPStartPage.html>
- Working with interpreters - <http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/Pages/InterpretingServices.aspx>
- British Sign Language Communication Support Policy and Procedure (BSL (Scotland) Act 2015).
- Gender based violence - http://www.equalitiesinhealth.org/public_html/gender_based_violence.html
- Financial Inclusion - http://www.equalitiesinhealth.org/public_html/Moneyworries.html
- Inequalities Sensitive Practice (ISP) - http://www.equalitiesinhealth.org/public_html/isp_new.html
- Equality Impact assessment - http://www.equalitiesinhealth.org/public_html/equality_impact_assessment.html
- Equality Publications - http://www.equalitiesinhealth.org/public_html/publications.html
- Equality, diversity and human rights policy - <http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/FTFT/OurCulture/Documents/Equality%20Diversity%20and%20Human%20Rights%20Policy.pdf>

5. Roles and Responsibilities

The main roles and responsibilities covered in this guidance are:

5.1 CPA Coordinator

- The CPA Coordinator will ensure CPA Referral Forms (Appendix A), consent forms, (Appendix I) CPA Guide for Keyworker, (Appendix G) and CPA Guide for Service Users and Careers (Appendix H) are made available to each area
- The CPA Coordinator will screen the referral to ensure it meets current criteria and if appropriate will contact the referrer following receipt of referral form to arrange initial meeting
- The CPA Coordinator will then organise the meeting and inform all concerned of date, time and venue. This may include MS Teams or BT Anywhere meetings.
- From the point of referral the CPA Coordinator will contact the referrer within 5 working days to arrange the initial meeting
- Any amendments/corrections should be directed through the CPA Coordinator
- The CPA Coordinator will distribute the CPA documentation to all relevant parties within 10 working days or as soon as possible thereafter following receipt of all relevant reports/documents. Distribution will be by secure email or postal mail.
- The CPA Coordinator is responsible for formulation and distribution of care plan
- For Enhanced CPA meetings, a formal minute will be taken and this will be distributed along with the care plan

5.2 CPA Keyworker

- The referral form should be completed by the interim CPA keyworker (usually the ward keyworker or CPN) and emailed and/or posted to the relevant CPA coordinator (see Appendix J for details)
- The patient's CPA keyworker (usually the professional with most contact in the community, or nursing keyworker in the ward) is responsible for informing the patient and their named person (if applicable) of any CPA meetings or changes to dates/times of CPA
- The CPA keyworker is responsible for attaining consent form from patient
- The patient's CPA keyworker is responsible for ensuring that their patient is provided with a copy of the updated care plan, answering any questions that the patient may have. Any concerns voiced by the patient should be raised at the next CPA review
- Prior to each meeting the keyworker and/or advocacy worker should, where possible, meet with the patient to discuss the forthcoming meeting and any issues the patient may wish raised at the meeting
- The Keyworker has to overall responsibility for ensuring that the information in the CPA document is correct
- The Keyworker is responsible for explanation of CPA to the patient and relatives

5.3 All Professionals Involved in CPA

- Any relevant documentation to be forwarded to the CPA coordinator as necessary
- All personnel will endeavour to attend the CPA meeting and if unable to do so, either request the CPA Coordinator to rearrange to a more suitable date or arrange for a representative to attend on their behalf

6. Referral

Trigger points that might prompt a service to consider inclusion in CPA include, although it may be found to be appropriate to manage these within the MDT:

- All patients with severe and enduring mental health problems should be considered for CPA
- A diagnosis of severe and enduring mental illness where there is a requirement for multi-agency involvement, including external care providers and where the patient has a history of repeated relapse / multiple readmissions or the need for urgent crisis intervention or pose a risk to themselves or others. (Individuals with mental health, learning disability, personality disorder or dementia diagnosis)
- The Patient has required hospital-based care which was not part of an agreed, planned intervention
- The Patient has required crisis intervention on two occasions within a calendar year
- The Patient becomes subject to Mental Health Legislation
- The Patient is recognised as requiring Adult Support and Protection
- There exists complex needs, necessitating a higher than average frequency of discussion by the multi-disciplinary team
- Enhanced CPA should be considered for all individuals who pose a serious and imminent risk either to themselves or others

6.1 Standards

- The maximum period of time between CPA meetings should be no more than 6 months
- It would be anticipated that meetings would be scheduled 3-6 monthly and would coincide with order reviews, where applicable. Time frames for meetings should be discussed and agreed at CPA meeting
- In the few months pre and post discharge the meetings may need to increase in frequency
- A review date, time and venue will be set at all meetings to ensure continuity
- The need for continued CPA will be discussed and agreed at the meetings
- CPA is an adult service for individuals over 18 years old, individuals or adolescents approaching transfer to Adult Mental Health Services.
- With respect to CPA patients who are subject to the terms and conditions of the Mental Health Act, a review meeting should take place within the 2 months statutory review period. (This does not mean that all patients subject to the Mental Health Act should be referred to CPA)
- Prior to each meeting, the patient's Keyworker/Care Manager and/or advocacy worker will, where possible, meet with the patient to discuss the forthcoming meeting and any issues, he/she may wish to be raised on their behalf
- At the start of the meeting itself, the RMO will identify himself/herself as chair of the meeting and ask everyone to introduce themselves (or the CPA Coordinator may start the meeting and introduce everyone whilst in MS Teams meetings)
- The CPA meeting results in a written minute and/ or updated care plan. It is recognised that in these times of technological advances that patients/carers may express a wish to record the meeting on an audio/video device. Should this be the case, all parties involved in the meeting must be asked beforehand and must consent to same; otherwise, audio/video recording will not be permitted to take place. Similarly, if an MS Teams meeting is recorded, all parties should agree and the recording will be deleted immediately after being typed up.

6.2 Agenda Guidelines

The following is a suggested agenda for a CPA meeting:

- Identification of chairperson - Good practice would be that the chair person will periodically summarise the main points of the meeting or summarise agreed plan at the end of the meeting
- Introductions and apologies
- Relevant discussion may include the following subjects:
 - Mental health
 - Medication
 - Legal Status
 - Physical Health
 - Rehabilitation Plan & Activities
 - Psychology
 - Family/Relationships
 - Patient/ named person/ carer views
 - Finances
 - Accommodation
 - Home/ social support
 - Future Plans
- Update of CPA Care Plan (Appendix C):
 - Legal Status, etc
 - Review/ update list of personnel involved in the provision of care
 - Review / update identified needs
 - In some circumstances, it would be agreed that there would be a full minute of the meeting (Appendix B)
 - In some circumstances it may be agreed to include a traffic light risk management plan (Appendix D&E)
- Set date/ time and venue of next CPA meeting
- Care plan documentation should be completed and circulated. This will include a list of all those involved in CPA (Appendix F)

7. References

- Mental Health Care and Treatment (Scotland) Act 2015_
http://www.legislation.gov.uk/asp/2015/9/pdfs/asp_20150009_en.pdf
- NHSGG&C Equality, Diversity and Human Rights Policy_
<http://www.nhs.gov.uk/media/235575/equality-policy-final-04082014.pdf>
- Adult Support and Protection (Scotland) Act 2007_
http://www.legislation.gov.uk/asp/2007/10/pdfs/asp_20070010_en.pdf
- CEL 13 (2007)
http://www.sehd.scot.nhs.uk/mels/CEL2007_13.pdf
- Management of Offenders (Scotland) Act 2005_
http://www.legislation.gov.uk/asp/2005/14/pdfs/asp_20050014_en.pdf
- Memorandum of Procedure_
<http://www.gov.scot/resource/doc/314000/0099663.pdf>
- 1989 White Paper “Caring for People” (The Scottish Government)
- 1992 “Community Care: Guidance on Care Programmed for People with Mental Illness, including Dementia” (Scottish Office circular)
- 1996 “Community Care: Care Programme Approach for People with Severe and Enduring Mental Illness, including Dementia” (Scottish Office, Social Work Services Group)

Appendix A - CPA Referral Form**(Please complete both pages)**

Patient details:	
Name:	CHI No.
D.O.B.	Date of Adm. (If Hosp)
Address:	Sex (M/F) :
	Marital Status:
	Employment Status:
Postcode:	Tel:
Detained : (Y/N)	Type of order and start date/expiry date (if detained):

Eligibility Criteria

A diagnosis of severe and enduring mental illness where there is a requirement for multi-agency involvement, including external care providers and where the patient has a history of repeated relapse / multiple readmissions or the need for urgent crisis intervention. (Individuals with mental health, learning disability, personality disorder or dementia diagnosis). This is an adult mental health service.

- And a combination of the following **(please indicate)**:

Circumstance	Yes/No	If yes, please give brief details
Where the mental illness is significantly impaired by substance misuse		
Current concerns relating to severe self neglect		
Current concerns relating to serious suicide risk/ self harm		
Violence / dangerousness towards others		

Guidance notes:

- Anyone can propose CPA but the RMO has to endorse this
- Maximum period of times between meetings is 6 months
- At each CPA we will revisit inclusion criteria and assess continuing need for CPA
- If the patient has sole involvement from CMHT, their own review processes should be considered in the first instance
- Although it can be considered, detention under mental health act does not constitute referral to CPA

Consultant signature/ Consultant approval:	Date:
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Suggested details for initial CPA meeting		
Date:	Time:	Venue:

Please provide any other relevant information below:

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CPN/Nurse	
Name:	Tel:
Address & Postcode:	Email address:

Consultant	
Name:	Tel:
Address & Postcode:	Email address:

Social Worker (MHO)	
Name:	Tel:
Address & Postcode:	Email address:

Named Person	
Name:	Tel:
Address & Postcode:	Email address:

General Practitioner	
Name:	Tel:
Address & Postcode:	Email address:

Social Worker	
Name:	Tel:
Address & Postcode:	Email address:

Other (e.g./ Support worker/ Drugs service/ advocacy)	
Name:	Tel:
Address & Postcode:	Email address:

Other (e.g./ Support worker/ Drugs service/ advocacy)	
Name:	Tel:
Address & Postcode:	Email address:

Appendix B - CPA Meeting Minutes

CPA Meeting dated:

Patient Name:

DOB:

This documentation includes the pre-CPA discussion

Third party/ sensitive information

Confidential: file within confidential notes.
(This to be used for all Enhanced CPA Meetings)

Present:	
Apologies:	

Summary of discussion ()

Pre CPA discussion

Formal CPA meeting

:

Appendix C – CPA Care Plan

Patient Name: **DOB**

These categories are suggestions. This is not an exhaustive list and additions /alternatives may be included.

This section relates to risk management and is populated with examples. This is not an exhaustive list and additions /alternatives may be

Patient Name		DOB		Legal Status		Date of CPA meeting		Subject to MAPPA Y/N	
CHI		Named Person		Order expiry Date		Advance Statement		MAPPA Level	
Care Plan									
Present:					Apologies/ Absent:				
Category		Objective			Action Plan			By Whom	
Mental health									
Legal status									
Physical health									
Medication									
Addictions									
Activities /structure									
Finances									
Family/relationships/ dependent children									
Accommodation									
Care provider									
Risk Assessment									
Patient's views/comments									
Keyworker details	Name		Tel		Crisis No:		NHS 24: 101		
Review date	Date		Time		Venue:				

Appendix D - CPA Risk Management/Contingency Plan (Community)

This section relates to risk management and is populated with examples. This is not an exhaustive list and additions /alternatives may be included.

Risk Management/Contingency Plan (COMMUNITY SETTING)		
Green	<ul style="list-style-type: none"> No evidence of mental health deterioration Abstaining from illicit substances Non problematic alcohol use Meeting all monitoring arrangements 	<ul style="list-style-type: none"> Continue current management
<p>Please note the following contact numbers: 9 – 5 Mon to Fri, please contact the CPN/CLDN on <i>(insert telephone number)</i> At all other times, contact <i>(insert local out of hours contact number)</i></p>		
Amber	<ul style="list-style-type: none"> Noted deterioration in mental health Paranoid/ delusional ideation Less engaging detraction from agreed care plan Oppositional to medication Increased lack of insight Evidence of alcohol use associated with deterioration in behaviour Evidence of illicit drug use Disengagement with care plan Withdrawal from clinical/support team 	<ul style="list-style-type: none"> Contact CPN, RMO, and MHO to advise Early CPA to be arranged Early assessment by clinical team Medication check-CPN Increase monitoring by clinical team Arrange medical review Consider in-patient referral
Red	<ul style="list-style-type: none"> Floridly psychotic/ persecutory beliefs expressed Disengagement from clinical/support team Suicidal ideation Obvious intoxication Noncompliance with medication Default from appointment schedule 	<ul style="list-style-type: none"> Immediately inform RMO, CPN, MHO Clinical review urgently Urgent CPA. Immediate urinalysis - CPN. Consider admission to in patient deterioration in mental state

Appendix E - CPA Risk Management/Contingency Plan (In-Patient)

This section relates to risk management and is populated with examples. This is not an exhaustive list and additions /alternatives may be included.

Risk Management/Contingency Plan (IN-PATIENT SETTING)		
	Relapse Indicators/Early Warning Signs	Contingency Actions
Green	<ul style="list-style-type: none"> • Mostly engaged with clinical team • Compliant with prescribed medication • Socialising with peers • No side effects from medication or sleep difficulties reported (or minimal) • No use of alcohol or drugs 	<ul style="list-style-type: none"> • Continue current management
Amber	<ul style="list-style-type: none"> • Increase in paranoid or persecutory thinking • Refusing to attend Psychological and Occupational Therapy treatments on more than one consecutive occasion • Noncompliance with some aspects of care • Reduced compliance with prescribed medication • Evidence of drug seeking behaviour • Suspicion of illicit substance/alcohol misuse 	<ul style="list-style-type: none"> • Nursing team to contact RMO/ duty consultant within 3 working days • Nursing team to supervise and limit free time for periods of agitation only • Nursing team leader to review observation levels same day • Clinical team to consider whether to check compliance with medication • Nursing team to carry out urine drug screen and alcohol breath checks • Clinical team to discuss 'amber' incident at next MDT • Nursing team to remind patient of the need to comply with his care plan
Red	<ul style="list-style-type: none"> • Complete disengagement from team • Acts to harm self • Paranoid about and hostile to staff and peers • Positive drug/ alcohol test • Noncompliance with medication sustained over 24 hours 	<ul style="list-style-type: none"> • Nursing team to consider initiating special observations in room until settled; including removal of objects which may be used to harm • Nursing team leader to contact RMO/Duty consultant within same day • Clinical team to review medication • Inform hospital coordinator same day • RMO to inform MHO next working day • Clinical team to review management plan • Clinical team to consider whether to hold emergency CPA • No outings except for urgent medical reasons • Clinical team to suspend grounds access • Clinical team to check blood medication levels

Appendix F - CPA Contact/Distribution List

Contacts/ Distribution list			
Name	Designation	Contact Address	Telephone

Appendix G – CPA Guide for Keyworkers

Purpose and Aim of CPA

- To ensure that patients with a mental disorder associated with complex health and social care needs receive on-going care support and supervision throughout their detention in hospital and rehabilitation into the community
- To ensure structured support for those most in need, or most at risk to themselves or others
- To ensure that there is effective multi-disciplinary agency collaboration
- To ensure that patients and their families, carers are involved as far as possible with care planning decisions and arrangements
- To enable systematic arrangements for the assessment and management of health and social care needs
- To ensure the appointment of a lead care coordinator to monitor and coordinate care arrangements
- To ensure that the policy is compatible across Scotland

Keyworker

The title of Keyworker is not new within Mental Health. Confusion has arisen on occasion by the title also being used, for example, to describe the primary professional involved in someone's care in hospital or within the community.

To aid clarity, therefore, the term "Keyworker" within this leaflet, is used to describe the worker who has the lead role and responsibility for coordinating care for an individual subject to the conditions of the Care Programme Approach (CPA).

Allocation of Keyworker

The care team should be assured that the Keyworker has the necessary skills and experience to fulfil the role in line with protocol.

Role, Responsibilities and Authority of the Keyworker

Specific responsibilities will vary depending on the needs of the individual, but in general the Keyworker will:

- Ensure that a systematic assessment of the individual's health and social care needs, including an assessment of risk, is carried out, recorded and reviewed on a regular basis
- Maintain regular contact with the individual, whether at home or in hospital, monitor their progress and coordinate activity across agencies, liaising with all involved in the patient's care
- Act as advocate for the individual and/ or carers/relatives, where appropriate, and put forward their points of view
- Ensures that every effort is made to facilitate patient involvement and access to independent advocacy
- Record the provision of care and monitoring arrangements in accordance with professional and local standards
- Identify unmet needs and communicate any unresolved issues in accordance with local protocol

- The Keyworker is responsible for explanation of CPA to patient/relatives
- The Keyworker is responsible for discussing the CPA document in full with the patient, ensuring their understanding and dealing with any queries or issues which the individual may have

Change of Keyworker

This can be a disruptive event in the life of someone using Mental Health services and must be handled with care:

- Discuss the reasons for the change with the person and the care team
- Discuss alternative with the person and the care team
- Ensure a smooth handover
- Unnecessary changes of Keyworker should be avoided if at all possible

Keyworker Accountability

As Keyworker, your role within the Care Programme Approach will involve:

- Ensuring effective multi/inter agency communication
- Overall monitoring and evaluation of quality of service delivery
- Inform CPA coordinator of any change of Keyworker
- Inform CPA coordinator of any change of ward/ hospital
- Ensures that the patients named person and relevant others have access to relevant information about the patient's care
- Invite patient and named person to CPA meetings, informing them of any changes
- Alerts clinical team members with any difficulties in fulfilment of the care plan
- Actively participates in reviews
- Attends CPA meetings or has a representative attend on their behalf
- Has a clear understanding of professional boundaries, roles and responsibilities of each team member

Appendix H – CPA A Guide for Service Users and Carers

What Is Care Programming and what is its Purpose?

Care Programming is designed to ensure that your care in the community is carried out in such a way that you get the support you require to assist you in meeting your health and social needs. These needs may range from therapy and treatment to financial, accommodation and personal rights issues.

Who Will Be Involved?

It is likely that several people (including yourself) will be involved in assessing your needs and planning your care and may include some or all of the following people:-

- Your consultant
- Your General Practitioner
- A member of nursing staff
- A social worker
- An occupational therapist
- A housing officer
- A psychologist
- Representatives of other specialist organisations
- Representatives from voluntary organisations for example, Scottish Association for Mental Health (SAMH), Glasgow Association for Mental Health (GAMH), The Richmond Fellowship Scotland (TRFS), etc.
- Your family or carers (if you wish)
- An Advocate (if you wish)

Remember...

Let us know of anyone else you feel should be involved

How Will The Support I Require Be Planned?

- Following referral to Care Programming you will be contacted by members of the care team who will carry out a detailed assessments of your needs (this person will be your interim Keyworker, and is usually your CPN or Social Worker)
- A meeting will then be organised which will be attended by some or all of the individuals previously mentioned. You will be invited to this meeting and you can be accompanied by a relative or advocate if you wish
- An individual Care Programme will be prepared with your involvement. You will receive a copy of this along with details of how you can contact specific members of the care team should you require to do so
- A Keyworker will be identified to coordinate your Care Programme on your behalf and on behalf of the care team

Remember...

Let us know if there is anyone, in particular you would like as Keyworker, as this will be taken into consideration

Why Do I Need A Keyworker?

Your Keyworker can help with the following-

- Listening to your opinions and wishes
- Answering any questions you may have regarding Care Programming
- Helping to keep you informed
- Ensuring that you receive the support you need from the various people involved in your care

Appendix I - CPA Patient Consent Form

I (Name)

have had the principles of Care Programming explained to me.

In light of this explanation, I understand that there may be a requirement for information relating to me to be shared, between the various agencies involved in my care. I also understand that each person involved in my care will receive the information that they require in order that they may adequately meet my health and social care needs in a manner befitting their role and responsibilities.

It is my decision to **give / withhold** (delete as applicable) consent to my inclusion in the scheme.

Signature

Date

OR

If you have signed on behalf of the patient for any reason, please state your relationship to the patient below and reason why you have signed.

Relationship to patient.....

Reason for signing.....

Keyworker's remarks

I have provided the above signatory with a full explanation of the background and principled of Care Programming, including details of how limited information may require to be shared, in a controlled manner, between agencies involved in the provision of their care and support.

Please tick as appropriate

- Patient consented
- Carer/relative signed on behalf of patient
- Consent was withheld
- It was impractical to attempt to secure "informed consent" at this time.

Keyworker's signature

Date

Appendix J - CPA Coordinators Contact Details

<p>Forensic Directorate Catriona Wilson Forensic CPA Coordinator Ward 4, West House Gartnavel Royal Hospital 1055 Great Western Road Glasgow G12 OHX Tel: 07799581974 Email: Catriona.wilson@ggc.scot.nhs.uk</p>	<p>South (& North) Glasgow & East Renfrewshire Charlie Harty CPA Coordinator Ward 4, West House Gartnavel Royal Hospital 1055 Great Western Road Glasgow G12 OHX Tel: 0141 849 2246/ 07774 008 160 Email: Charles.harty@ggc.scot.nhs.uk</p>
<p>Forensic Directorate Ashley McDonald Forensic CPA Coordinator 1st Floor, Clutha House 120 Cornwell Street South Kinning Park Glasgow G41 1AF Tel: 0141 427 8265/ 8266 Email: ashley.mcdonald@ggc.scot.nhs.uk</p>	<p>West (& North) Glasgow Tracy Wood CPA Coordinator Ward 4, West House Gartnavel Royal Hospital 1055 Great Western Road Glasgow G12 OHX Tel: 0141 201 4499/ 07970165415 Email: Tracy.Wood@ggc.scot.nhs.uk</p>
<p>East (& North) Glasgow Hayley McWilliam CPA Coordinator Ward 4, West House Gartnavel Royal Hospital 1055 Great Western Road Glasgow G12 OHX Tel: 07977323986 Email: hayley.mcwilliam@ggc.scot.nhs.uk</p>	<p>South Clyde Ashley Frize CPA Coordinator Room 1001-1011 Mile End Mill 12 Seedhill Rd Paisley PA1 1JS Tel: 0141 849 2200 Email: ashley.frize@ggc.scot.nhs.uk</p>
<p>West Dunbartonshire Carla J Craigie CPA Coordinator Riverview Resource Centre Dumbarton Joint Hospital Cardross Road Dumbarton G82 5JA Tel: 01389 812070/ 07966398237 Email: carla.craigie@ggc.scot.nhs.uk carla.craigie@west-dunbarton.gov.uk</p>	