mtsp code of conduct

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CARDINAL MANAGEMENT

Why a MTSP Code of Conduct?

- Improve the overall patient experience and their rehab journey
- Protect the patient from harm
- Protect the reputation of the NHS, the MTSP and its Legal Panel
- Start to create a baseline quality for service provision
- Give some teeth to MTSP in order to ensure only high quality providers work with the MTSP

Cardinal do not want to become an accreditation or standards agency, but we will until one exists

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Existing Standards & Codes

- UK Rehabilitation Council (UKRC) standards
  - Hallmarks of a good provider
  - How to select rehabilitation services - purchasers
  - How to choose a rehabilitation provider - service users
- BABICM
- VRA
- CMS UK
- Care Quality Commission (CQC)
- CARF

All good but they don't always address specific behaviours of case management within Personal Injury

Code of Conduct

CARDINAL MANAGEMENT

mtsp code of conduct

Click-on title to navigate to section

The Practitioner

A Has at least two years relevant experience in case management service provision

B Has at least three years post graduation / qualification work experience within a relevant rehabilitation related area of practice

C Can provide a documented record of their Professional Development training for the last two years - topics, dates and provider of training

D Is able to demonstrate the number of cases they have provided services to which have a similar level of complexity / patient need within the past two years

E Holds a record of their peer review support, which includes details of when it was last provided, and by who

F Will hold valid registrations with their professional body e.g. CoT, NMC, CSP etc.

G Will personally check that any provider of services instructed by them in connection with the patient has appropriate governance in place - see 'Governance'

H Will make available upon request to the instructing party the number of open and active cases they are currently on from all sources, and the number of days per week they work on those cases e.g. 25 Open active, 12 Monitoring, 3 days p/wk

I Will be up to date with relevant mandatory training e.g. Safeguarding, mental capacity, Information security

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The Organisation

A Will ensure that the Case Manager either personally, or via their employment, holds valid professional Indemnity Insurance of £5m or higher

B Prior to any employment or contractural relationship with a practitioner will obtain evidence as to the qualifications and employment history. See Governance F

C Will ensure that Case Managers complete appropriate CPD and hold a record of their training for the past two years, and make available to instructing parties including key areas of mental capacity, safeguarding, information security

D Will ensure Case Managers undergo and document peer review on a reasonable proportion of their caseload. Specifically it will review their decision making, interventions, communications and goal setting

E Will ensure that staff (inc. Case Managers) and service providers commissioned to provide services to a patient, will be paid without significant delay and at reasonable market rates

F Will wherever possible avoid sole practitioners being instructed to provide services to patients, or where they are, ensure and record that adequate safeguarding is in place

G Will monitor the nature of a Case Manager's case load and inform purchasers of services as to the makeup of work the Case Manager has at that moment. e.g. open / active cases, injury types

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The Organisation

H Will ensure any staff or subcontracted staff who work with vulnerable adults or children are checked with the Disclosure Barring Service (DBS) and hold the appropriate level of safeguarding training. Evidence and dates completed being recorded by the employer, with details provided to instructing parties at point of instruction

I Will have a documented and clearly defined process for ensuring case handover and continuity of care in the event of a change in Case Manager or long term absence. This process should ensure whenever possible a period of joint working and or discussion between the two Case Managers. Any handover process will be communicated to the service user and documented in patient friendly format

J Will monitor and document the quality and performance of Case Manager service providers, patient outcomes and service user feedback to guide learning and development within their organisation

K Must have a confidential staff Whistleblower process and a confidential Patient feedback and complaints mechanism that bypasses the Practitioner, enabling patients to feedback honestly and openly about the quality of service they receive

L Will have robust information & data security systems in place to ensure compliance with data protection & security standards and best practice

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Case Management - Standard Practice

A Will request from the patient or their treating clinicians a copy of the NHS Rehabilitation Prescription at the earliest opportunity, ideally prior to assessing the patient

B Will request a copy of the MTSP Pre-INA report from the patient's solicitor, and if available will review its contents prior to assessing the patient

C Will as a matter of standard practice reference their review of the Pre-INA and or the NHS Rehabilitation Prescription and any recommendations from these reports within the INA or the earliest possible opportunity

D Will review existing NHS service provision and record that they have reached out to NHS treating team(s) (additional to the GP) provided their contact details and information about the Case Manager's scope of involvement with their patient and asked what intervention the Case Manager could offer to assist them in better supporting their patient

E Will gather information to clearly understand the rehabilitation or care interventions being provided by public sector organisations. Identify shortfalls in any statutory provision of care a patient is entitled to, and highlight these shortfalls with the appropriate statutory organisation(s).

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Case Management - Standard Practice

F A duty of partnership. The Case Manager should communicate effectively with all Stakeholders involved with the treatment and care of the patient. This should include sharing the rehabilition action plan being delivered by the Case Manager

G Will ensure all relevant stakeholders (the patient, their representatives, the NHS, Social care, and where relevant third sector organisations) are as far as is practicable engaged in the planning and decision making

H Will seek to enhance and boost NHS care pathways wherever practicable to do so. Where it is in the patient's best interest to circumnavigate the NHS or expedite NHS planned care e.g. via privately funded services, these interventions will be communicated with the relevant NHS treating teams whilst ensuring the patient is not disadvantaged in the longer term within the NHS

I Every patient will have a rehabilitation plan with measurable, achievable targets and outcomes that the patient understands. Whenever it is feasible these goals will include vocational outcomes and or independent living

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Governance

A No health or care related provider should be instructed without the Case Manager having assessed them as being safe and effective for the patient's needs

B Will avoid instructing service providers or healthcare practitioners who work as lone practitioners, where it is not practicable, ensure they have appropriate safeguarding and quality assurance measures in place to protect all parties

C Will ensure that the interventions or rehabilitation services being provided are effective and evidence based and that the intervention is compliant with recognised treatment pathways, National Service Frameworks and or relevant NICE guidelines

D Will have lone worker protection processes and systems in place and understood by lone worker colleagues

E All staff will understand the organisations Whistleblower process and know when and how to use it

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Governance

F As part of checking safety you should have evidence that the provider or individual;

i Holds valid professional indemnity insurance

ii Has appropriate qualifications to provide the service / intervention e.g. is listed with their professional body as qualified such as the CPS, BpS, BABCP

iii Has appropriate levels of work experience to provide the service to the patient e.g. detailed CV outlining past relevant experience

iv Has valid and appropriate Safeguarding certification

v Is currently compliant with any relevant regulatory and legislative requirements e.g. GDPR, HCPC, RCN, FCA, CQC

vi That there are no fitness to practice alerts, CQC ratings or restrictions upon their practice by their governing body, which may make it inappropriate to instruct them

vii That the patient's needs fall within the provider's service coverage and service entry acceptance criteria

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Quick Checklist

CARDINAL MANAGEMENT

Legal Panel checklist:

- [ ] Is provider a code of conduct signatory?
- [ ] Does CV of Case Manager illustrate two years and relevant case experience?
- [ ] Evidence of Professional Indemnity Insurance
- [ ] Evidence of previous 1 or 2 years CPD provided
- [ ] Number of current open and active cases provided
- [ ] Membership of professional body evidence
- [ ] Evidence of current DBS certificate
- [ ] Evidence of peer review content and frequency
- [ ] Is Case Manager a sole practitioner?
- [ ] Evidence of case handover process

Providers may wish to provide this evidence to instructing parties as part of their standard practice

Case Manager self checklist:

- [ ] Do I have valid PI insurance?
- [ ] Do I have valid DBS certificate?
- [ ] Do I have record of my CPD for 2 years?
- [ ] Do I have peer review activity recorded?
- [ ] Is my membership with professional bodies valid?
- [ ] Do I hold up to date training in key areas such as safeguarding, mental capacity, information security?
- [ ] Is my caseload manageable?
- [ ] Do I have a process for case handover?
- [ ] Do I have correct levels of informed consent in place?
- [ ] Do I have a sufficient safeguards in place when I am lone working?

Quick Checklist

CARDINAL MANAGEMENT

Case Management Governance:

- [ ] Does the supplier hold valid and sufficient PI and liability insurance?
- [ ] Do we have evidence of appropriate professional registrations and or qualifications?
- [ ] Have we checked for any restrictions or warnings on their ability to provide the service?
- [ ] Are they sole practitioners?
- [ ] Do we have evidence they hold valid and appropriate safeguarding training?
- [ ] Do we need to and if so do we have evidence of DBS certificate?
- [ ] Is the service evidence based or best practice compliant?
- [ ] Do we have funds available to pay for the service / full course of treatment?
- [ ] Do we have an agreed reporting and goal setting processes in place?

Case Management service checklist:

- [ ] Got and reviewed the Rehab. Prescription
- [ ] Reviewed a Pre-INA report
- [ ] Attempted contact with NHS treating team
- [ ] Provided contact details and rehab. plan to NHS treating team
- [ ] Offered assistance to boost NHS rehab. plan and support early discharge
- [ ] Explored the available NHS / statutory provision
- [ ] Advised NHS if planned NHS service is being provided privately

MTSP and the Code of Conduct

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MTSP Model

We know:

- Organisations being used by legal panel
- Frequency and type of injuries firms are used for
- Rehab. spend by injury type and firm
- Time to case settled
- Vocational outcomes of patient
- Patient opinion on law firm
- Patient opinion on Case Manager
- Anecdotal feedback from NHS teams