



## Workshop: Pathway Mapping

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### Aims of the workshop

The pathway mapping workshop will:

- Help each member of the team understand the complete process, including steps they are not directly involved in
- Help you to understand how each service is working and how well they work together
- Identify areas where the process does and does not work well from either the patient or staff viewpoint
- Highlight areas of duplication or inefficiency
- Show what the pathways and processes look like for young people
- Provide an end product that is a useful record for future developments and evaluation

### Attendees

The pathway mapping workshop should ideally include staff from across all of the services that will be mapped. This will be not just your CAMH service, but also the local authority services, schools, primary care and any third sector or private providers that are used locally.

Pathway mapping should be undertaken with involvement from the managers, team leaders and those who work with young people day to day – it is surprising how many assumptions are made by managers, and the gap between managers' perceptions and how practitioners on the front line are often 'really' working (See Box 1).

#### **Box 1: Demonstrating the importance of consulting staff at every level**

Within in one community of practice site, a discussion was taking place at the senior level about the feasibility of implementing a single point of access for child and adolescent mental health services. The senior leaders felt a single point of access involving local authority and health teams undertaking the assessments together would be an impossible feat from their perspective. Later that day, someone noticed that the individual assessment teams for the different teams sat in offices very close to each other in the same building. When frontline staff working within these teams were asked about the feasibility of having a regular morning meeting with staff from across services to discuss referrals, it was felt that it was absolutely possible and something they would really welcome as it would enable quick and easy joint working between the teams and assessment would be more efficient and bring a wider range of knowledge.

### Materials

- Flip chart paper, pens, coloured post-it notes, separate tables for group work



- Pathway mapping example
- PowerPoint slides: '*i-THRIVE Implementation Phase 1 Pathway mapping v2*'

## Example Agenda

Time	Item	Presenter
	<b>Welcome &amp; Introductions</b>	
	<u>Determine the scope of the pathway</u> (40 minutes)	
	<u>Determine the structure of the pathway</u> (50 minutes)	
	Lunch	
	<u>Group analysis of the pathway</u> (1.5 hours)	
	<u>Next Steps</u> (15 minutes)	
	Close	

## Pathway mapping exercises

### 1. Determine the scope of the pathway (40 minutes)

#### a) Group table discussions (15 minutes)

- Ask attendees to identify the services that exist in your locality who are involved in caring for young people's mental health. Ask them to identify the possible starting and end points in the services as they exist now. Include:
  - Referrers into CAMHS
  - CAMH services and teams
  - Local authority services and teams
  - Educational settings
  - Online/digital services
  - Charities
  - Third sector organisations
  - Support for carers

#### b) Feedback from group discussions (25 minutes)

- Take feedback from each group
- Write down each of the services that groups identify, either on a white board or adhesive paper/card.



## 2. Determine the structure of the pathway (50 minutes)

The aim here is to develop an agreement about the structure of your existing pathways. An example pathway is depicted in the '[Pathway mapping example](#)' image.

### a) Initial shaping (20 minutes)

- Each of the services that were agreed on in the previous session should be transferred to large yellow (or other colour) sticky notes.
- Within your group, start to place these on the white sheet in a way that depicts the flow of young people through your services currently.
- Using arrows, indicate the possible directions of flow between services.

### b) Feedback and consensus building (30 minutes)

- Ask one table at a time to transfer their pathway mapping to the white board at the front.
- If two groups have developed contradicting pathways, ask each group to comment on the pathway as they understand it. Discuss the pathway until there is a common agreement on what the pathway is currently.
- Do this until all parts of the pathway have been mapped and agreed on.

## 3. Group analysis of the pathway (1.5 hours)

The current pathway structure can be the result of multiple re-organisations, services being added or removed due to changes in funding, perceived needs or changes in national quality standards.

It can be helpful therefore to review the pathway as it is now, including interactions between services, areas of good practice and areas that could be improved in terms of quality or efficiency.

### a) Group table analysis (1 hour)

- Assign each table a particular area to focus on (e.g. interactions between services and agencies, patient experience, access and criteria of services).
- For their assigned area, ask each table to assess the pathway as it exists and highlight areas of
  - Good practice
  - Problems with quality
  - Problems with duplication and inefficiency.
- Ask tables to also take into account things like:
  - What do we think patients think about this?
  - Are the right people working on this stage/ step?
  - Are we doing it like this because it is easier for staff or because it provides better care?
- Ask each table to write their thoughts about each of these aspects on sticky notes (use a different colour to the ones used for identifying the services).

### b) Feedback and discussion (30 minutes)

- Gather feedback and discussion from each table



- As the feedback and discussions develop, add the sticky notes of the agreed issues to the master pathway on the whiteboard.
- Remember to take photos of the finished pathway.

### Follow-up

In follow-up to this workshop, we suggest translating the agreed understanding of the current pathway into a PowerPoint document and sharing this with attendees, asking for their general thoughts and amendments.

### Next Steps

The next steps will be to bring together the agreed upon pathway, plus data about how this pathway is functioning, and qualitative feedback from staff and patients about the pathways. This will be used to develop an understanding of how THRIVE-like your pathways currently are.

Staff will be invited to another workshop to determine the areas for prioritisation and to develop a view of your ideal pathway.

Finally, a local outcome framework can be developed, with support from the i-THRIVE team, that can help you measure your pathway to see how the implemented changes lead to improvement and to identify problems early so they can be addressed.

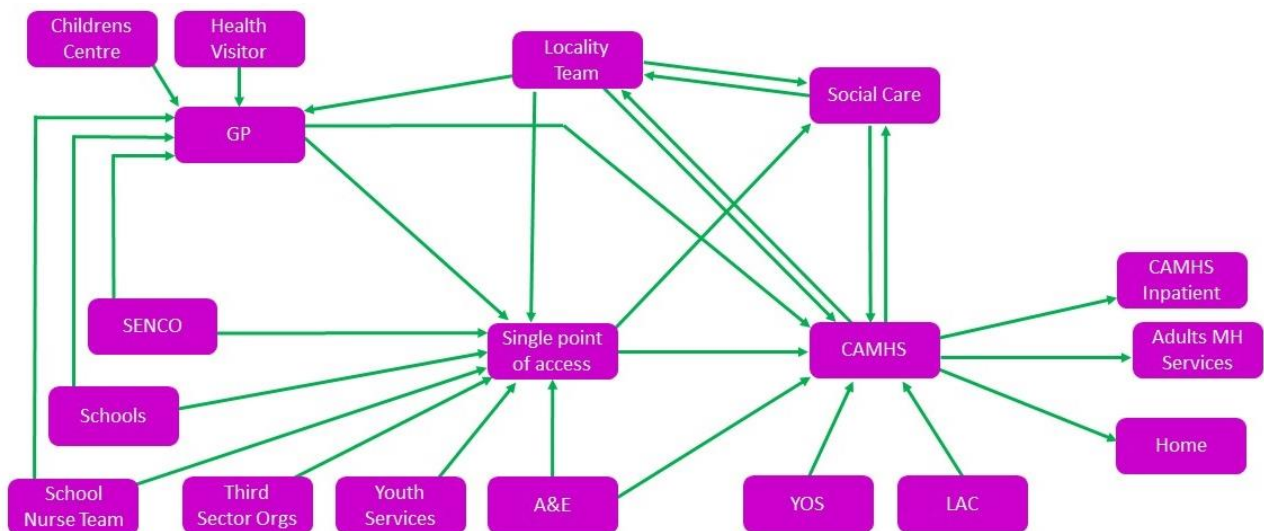


Figure 1. Example of pathway mapping