

Primary Care Mental Health Services

West Hampshire area Co-Production
Workshop



Agenda

Time	Item	Lead
1pm	Arrivals, Tea Coffee	
1:20pm	Welcome, Introductions	Dr Katrina Webster
1:30pm	Introduction to Primary Care Mental Health	Jason Hope
2:00pm	Cambridge Model	Dr Katrina Webster
2:10pm	Nottingham Model	Jason Hope
2:25pm	Tea and Coffee	
2:35pm	Introduction to discussions, sharing local intelligence	Dr Katrina Webster
2:45pm	Discussion Group: Who will a primary care mental health service support	All
3:10pm	Discussion Group: What does a good primary care mental health service look like	All
3:45pm	Co-producing a Primary Care Mental Health Service: Next Steps	Jason Hope
3:55pm	Final Comments and Close	Dr Katrina Webster



Introducing Primary Care Mental Health

- <https://youtu.be/2Ilb9UhrGe0>

TheKings Fund >

An alternative guide to mental health care in England

Quality services, better health

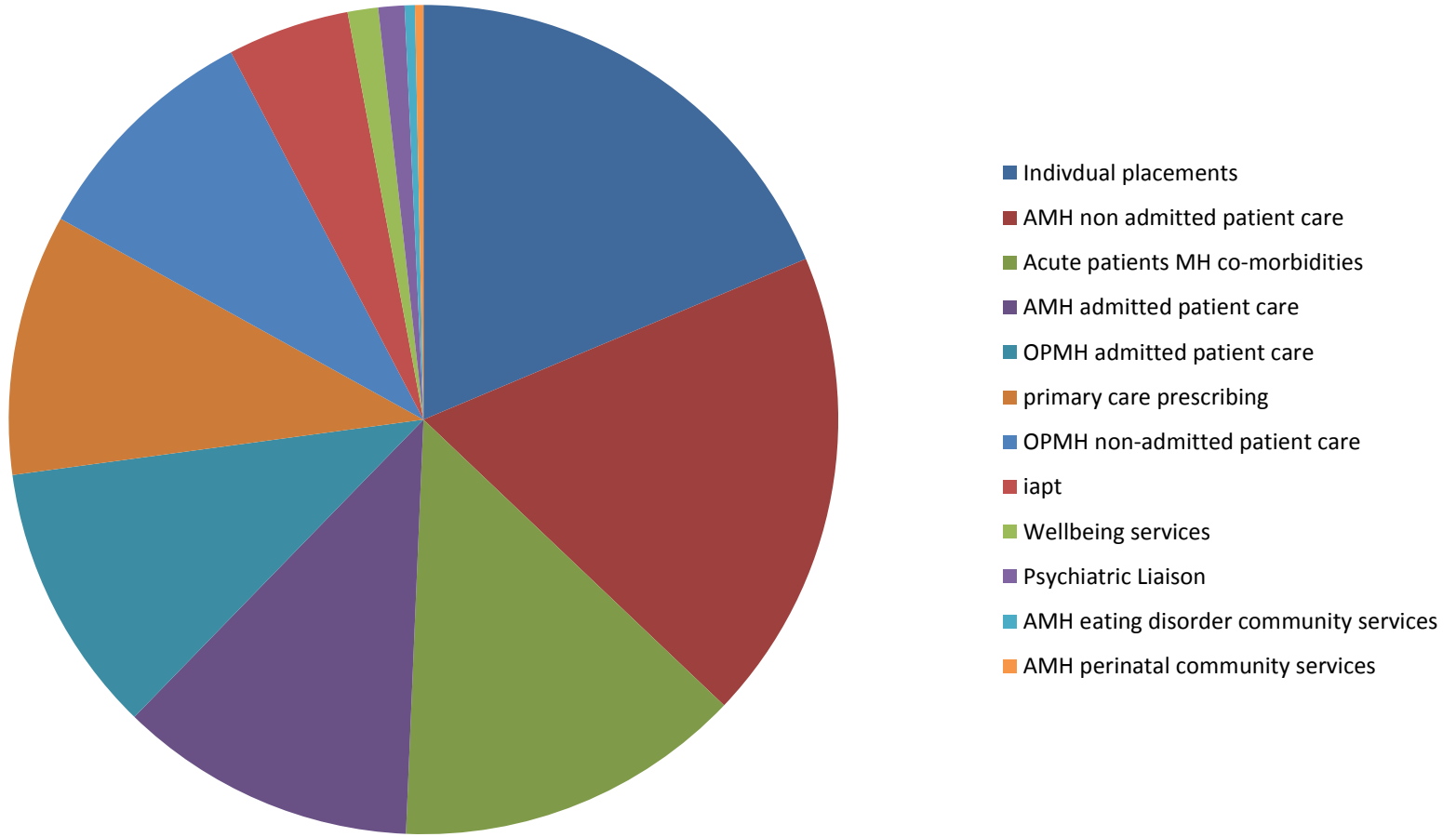


Estimates of individuals seeking treatment for mental health issues

Service Area	Estimates per year.
Secondary care working age caseload	4,500
Secondary care community contacts	70,000
Estimated prevalence of anxiety and depression	57,600
Psychological therapy individuals seeking treatment (annually)	8,000
Estimated prevalence of people with dementia	8,863
GP register of people with dementia	5,198
Community OPMH caseload	2,153
Individuals presenting at an ED in Crisis	2,800
Psychiatric Liaison assessments in ED	1,620
MIND – Primary Care see 90% of individuals with a mental health need	
Register of people with serious mental illness	4,500 (most with primary care)
Estimated GP mental health caseload	66,880
Estimated GP consultations	650,000



Mental Health Expenditure -WHCCG

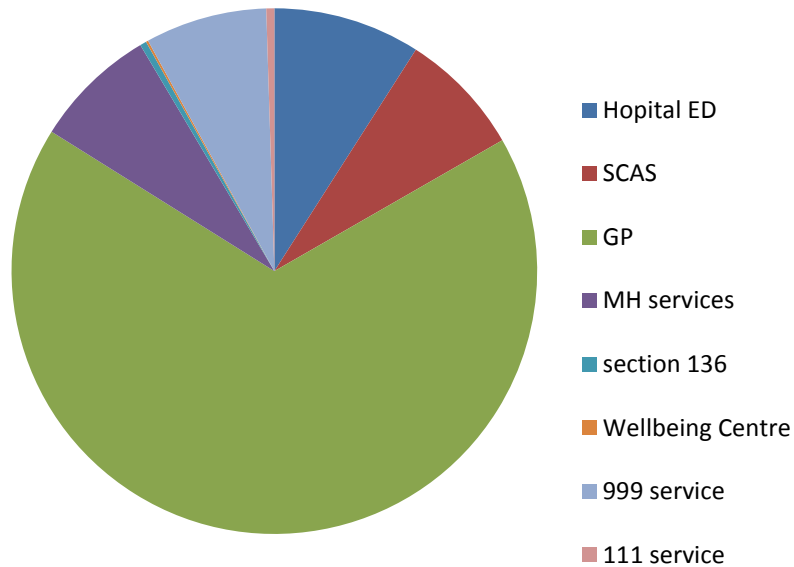


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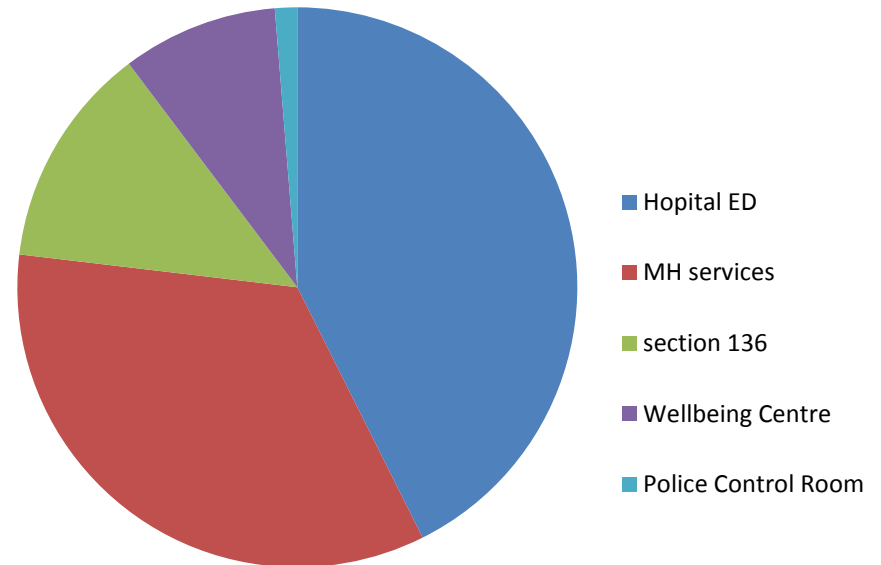


Mental Health Crisis Presentation and Expenditure

Presentations



Expenditure



Quality services, better health



Mental Health Crisis Presentation in Primary Care

- Incidence of MH crisis presentation to primary care is not collected
- Estimated 62,500 patients attend with issues related to mental health
- Estimated 25,000 urgent appointments per year for WHCCG
- Many mental health crisis managed by GPs
- Half mental health crisis presenting to ED are not associated with a long term mental illness suitable for secondary care
- Little or no training or support on offer to GPs
- Now voluntary sector MH workers in some extended hours hubs
- Contract extended with Wellbeing centres to build mental health resilience
- Includes follow up to psychiatric liaison presentations



Crisis Support In Primary Care

- CCGs are required by NHE to develop primary care teams to monitor and act to improve the physical health of an estimated 4000 people in West Hampshire CCG
- Opportunity exists to build support for crisis presentation for this group
- Support for crisis presentation in secondary care and acute care is under development, but many people experiencing a mental health crisis are managed in primary care
- An element of the service should be able to support in a crisis, but be clear when escalation is needed
- We are wishing to co-produce the service to help eliminate the gaps that often lead to crisis presentation at an acute hospital



Exquisite Corpse

- Write one line setting out what you hope for from a primary care MH service, but finish withand
- Fold over the paper and pass it on
- Once it reaches the end of the row, unfurl it and read it out
- Pass it back down to the far end of the row to be collected



Film from NFEBCD project

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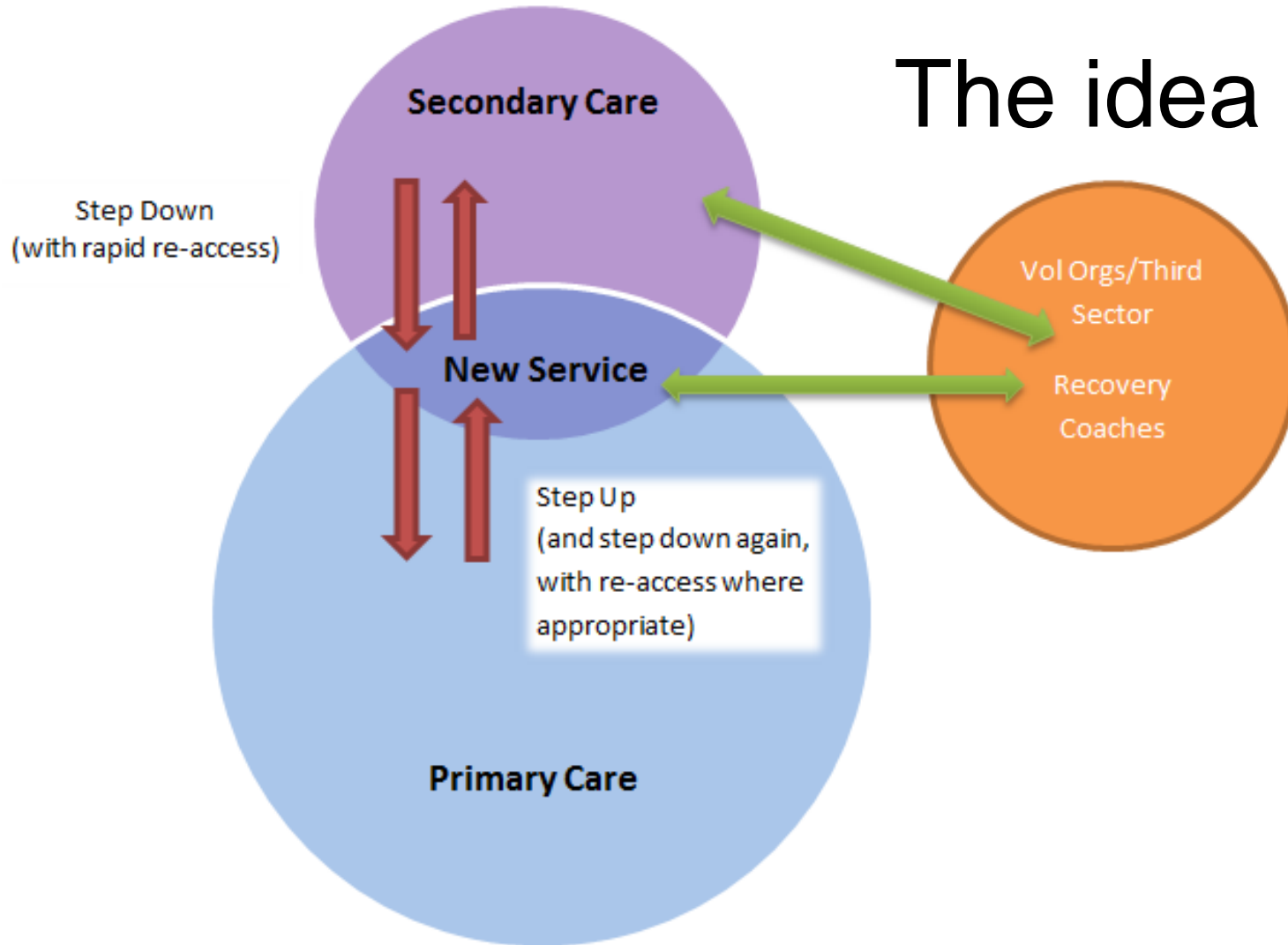


PRISM – PRImary Service for Mental health

Slides supplied by Dr Emma Tiffin, Clinical Mental Health Lead, Sustainability and Transformation Programme (STP). Cambridgeshire and Peterborough



The idea

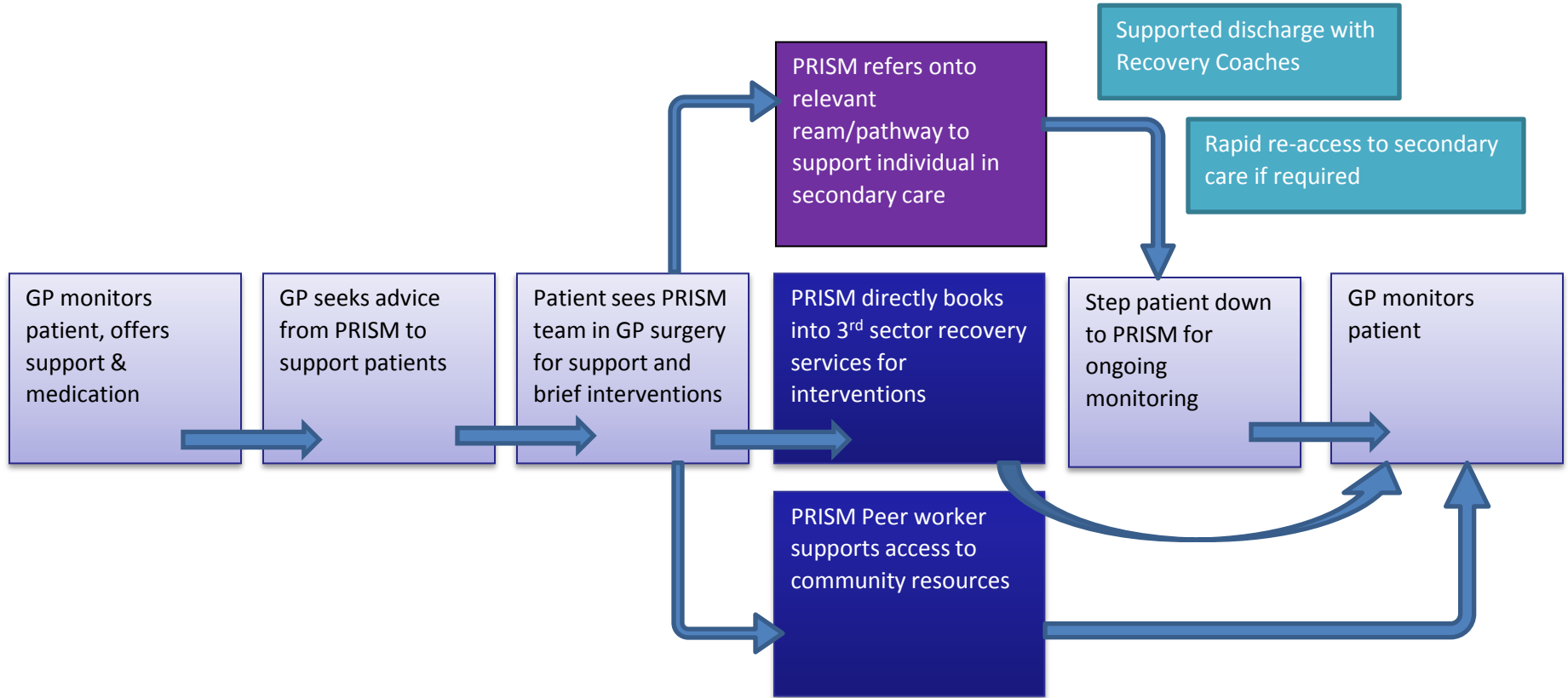


Characteristics of PRISM

- Core elements – specialist MH, physical health, peer support/recovery
- Population based service – “screen and intervene” philosophy
- Prism to support GPs. It is not a separate service to refer into – “request for service”, not referral to PRISM
- Informal conversations to provide GPs with advice and support
- Joint prioritisation – upskilling GPs
- GP remains responsible clinician
- Integration with third sector services and social care – reduced story telling



The Patient Journey



The core PRISM team

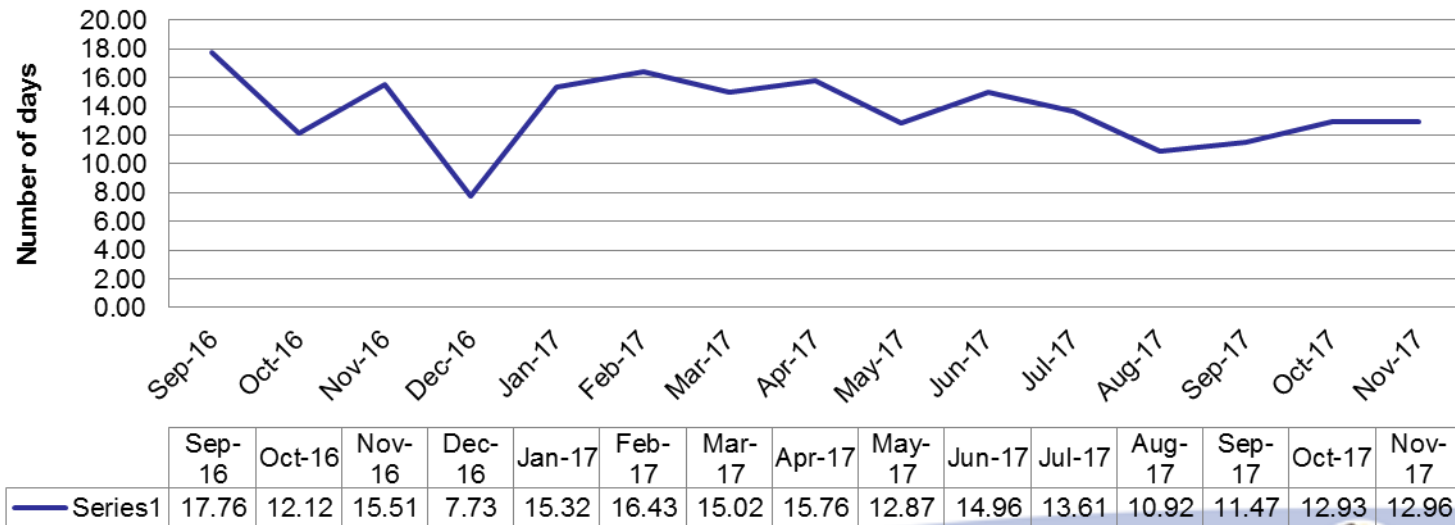
- Mental health specialist – band 6 + 7
- Consultant psychiatrist support (for advice)
- Peer support worker – recovery focus
- Physical health care worker – SMI, screening and intervention
- Management and Administration
- Pilot pharmacist role – mental health medicines advice



Early outcomes – Time to assessment for secondary care

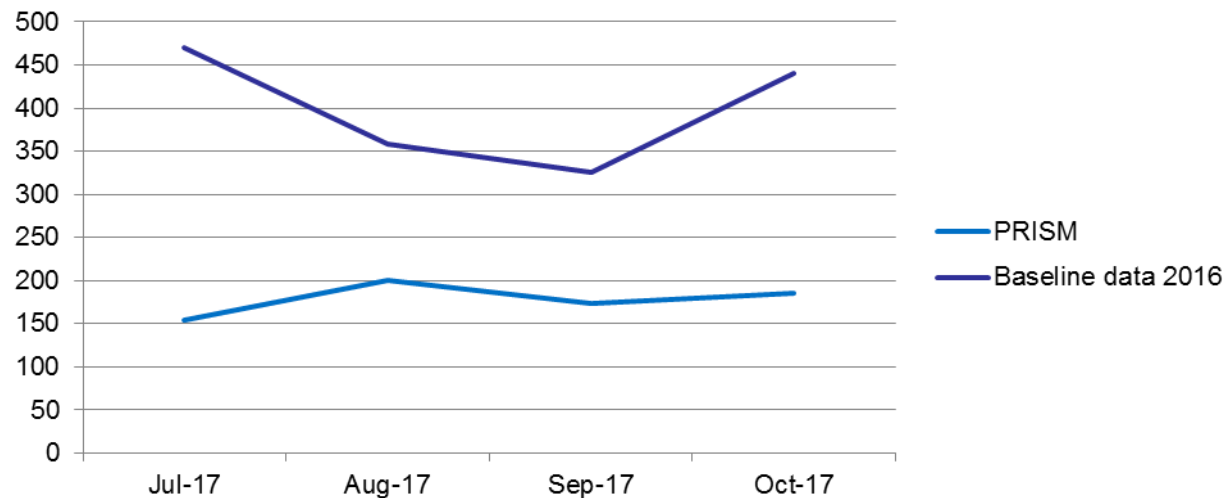
- There is a small subset of data available from GP surgeries with PRISM. Initial feedback and data shows:
- Time to assessment dropped from 17.76 days in Sept 2016 to 12.96 days in Nov 2017.

Average time to assessment (days)



Early outcomes – Referrals to secondary care

- Positive GP feedback on consultant involvement and pilot of case discussions
- Reduction in referrals to secondary care. Chart shows referrals on to secondary care from PRISM where GP surgery now has PRISM service compared to baseline data from 2016.



Experience Based Co-design in the New Forest

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Nottinghamshire Model

positive
about integrated healthcare

Nottinghamshire Healthcare 
NHS Foundation Trust

Primary Care Psychological Medicine

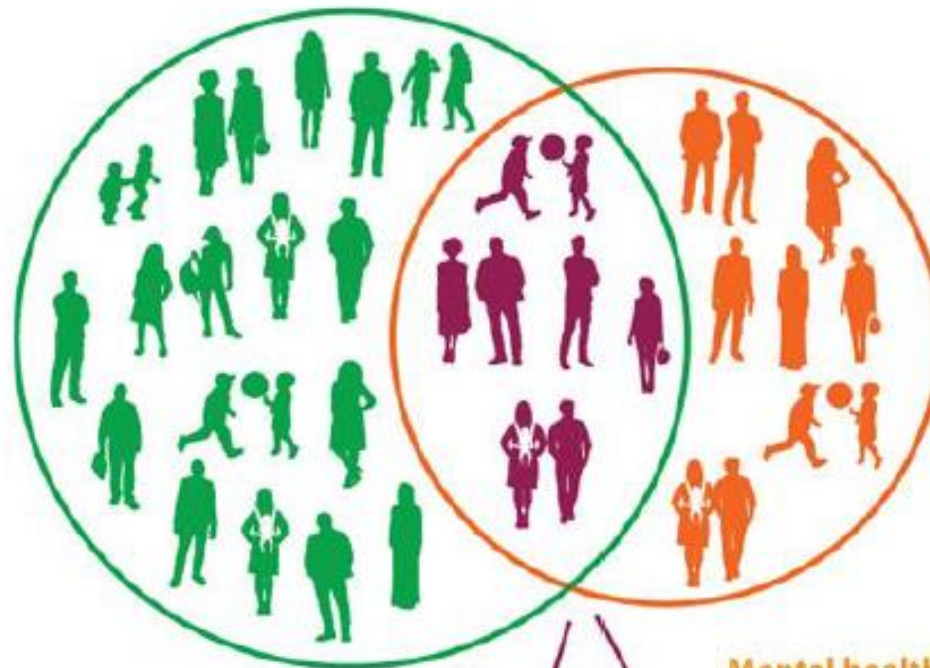
Rushcliffe - Nottinghamshire

Dr Chris Schofield
Consultant Liaison Psychiatrist
Department of Psychological Medicine
Queens Medical Centre
Nottingham


Principia
PARTNERS IN HEALTH

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Long term conditions:
30% of population of England
(approx. 15.4m people)

Mental health problems:
20% of the population of England
(approx. 10.2m people)

30% of people with a long-term condition have a mental health problem
(approx. 4.6m people)

46% of people with a mental health problem have a long-term condition
(approx. 4.6m people)



Department of Psychological Medicine

- We get many patients who have been through the system.
 - Multiple Ix
 - Multiple services
 - Multiple organ failure
 - No clear answers
- BUT IT IS PHYSICAL – IT IS NOT MADE UP!





Who are we?

- Liaison Psychiatrist Consultant time – 2PAs total.
- 2 wte Experience Liaison Nurses.
- Offering up 10 clinics per week.
- Based at GP practice and see at home.





What we are doing

- Diagnosis of complex mixed medical and psychiatric morbidity & case management of identified complex cases such as patients with complex with Persistent Physical Symptoms
- Supervision and support for GPs and other healthcare professionals
- In 1 CCG (population circ 110K) - through MCP Vanguard





How is it going?

- Started 6 months ago
- Seen 60 patients

- Patient feedback is excellent
- GP feedback is excellent

- What about the numbers.....





GP feedback

- For one of my patients, you have saved 2 hours a month in 1 month of my time. It's great!
 - A wonderful service is being provided to the practice and to the patients. PCPM have offered a very prompt response time and the feedback from patients has been fantastic!
- Our patients love the service, it really works.

Introduction to discussions

- We will break into smaller groups
- Groups 1, 2 and 3 will go to the party room
- Groups 4, 5 and 6 will stay here
- Refreshments will be served
- There will be two broad questions to focus on:
 - Who will a primary care mental health service support?
 - What does a good primary care mental health service look like?
- We will come back together for the last 15 minutes to go through next steps



Next Steps

- Finance, workforce and performance analysis under discussion between SHFT
- Locally commissioned service for physical health monitoring of people with a serious mental illness under development
- Further co-production event in September 2018 to review options for models
- Business case to be developed to start to build service in 2019/20
- Steering Group required

